## L 21 0000 93951

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

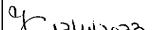
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of	Corporations			
	XY TRUCKS, LLC			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Lim	ited Liability Company		
The enclosed Article.	s of Amendment and fee(s) are sub	omitted for filing.		
Please return all corr	espondence concerning this matter	to the following:		
	TRINA HERSHBERGER			
		Name of Person		_
	GALAXY TRUCKS, LLC	,		
		Firm/Company		_
	1420 MISTYGLEN EN			
		Address		<del></del>
	BRANDON, FL 33510			
	<del></del>	City/State and Zip Code		_
	INFO@GALAXYTRUCK	S.COM (to be used for future annual)		-
			report noutication)	
For further informati	on concerning this matter, please of			
TRINA HERSHBEI	RGER	813 552 at ()	R-9699  Daytime Telephone Numb	
Na	me of Person	Area Code	Daytime Telephone Numb	ver
Enclosed is a check	for the following amount:			
■ \$25.00 Filing Fe	ee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee a Certified Copy tadditional copy is enc	Certifi dosed) Certifi	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
Mailing Ad		Street A		
_	on Section of Corporations	<del>_</del>	ation Section n of Corporations	
P.O. Box			ntre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GALAXY TRUCKS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 02/25/2021 and assigned Florida document number 1.21000093951 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added er removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JASON WININGER	3009 SAVANNAH OAK CIR	
		TARPON SPRINGS, FL 34688	
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			□ Change
			□Remove
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ffective date, if other than the da an effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Depa	specific and cannot be prior does not meet the applic	to date of filing or more that able statutory filing requ	(optional) an 90 days after filing.) Purs airements, this date will (	aiant to 605,020' not be listed as
record specifies a delayed effective d is filed.	ate, but not an effective t	me, at 12:01 a.m. on the	earlier of: (b) The 90t	h day after the
ated NOVEMBER 7	2023	· <del></del> ·		
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Inna	Hunbugu mature of a member of auth	atizad correspondentes as a	wysk.u	