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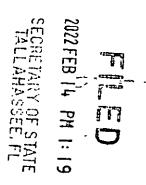
(Req	uestor's Name)	
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A. BUTLER FEB 2 5 2022

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Road Lyfe Truc Name of Lin	King LLC mited Liability Company	
The enclosed Articles of Amendment and fee(s) are sub-	bmitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Micho	Name of Person	
Koad	Lyfe Trucking LLC Firm Company	
933	3 bahia Rd	
Ocal	City/State and Zip Code	
E-mail address:	trucking 3520 gmail.com (to be used for future annual report notification)	
For further information concerning this matter, please of		
Michael Hagins Name of Person	at (352) 804-814 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
★ \$25.00 Filing Fee	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

		ارسی است السیار الاستان
Road Lufe	Toucking	2022 HERLIGL PM 1.10
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on ou	ir records.)
The Articles of Organization for this Limited Liability Company	were filed on	ECRETARY OF STATE TALL AHASSEE and assigned
Florida document number <u>L 2000 1438 76</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company " the decignat	ion "LEC" or the abbreviation "LEC"
·	_	1
Enter new principal offices address, if applicable:	88100	uniper Rd FL 34480
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	FC 34400
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
and the state of t		
B. If amending the registered agent and/or registered office a	ddress on our records	s, 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 stre	ret address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my di provided for in Chapte	ties, and I am familiar with and er 605, F.S. Or, if this document is
company has been notified in writing of this change.		

If Changing Registered Agent, Signature of New Registered Agent

If amending-Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Maga	Krystal Medavid	9333 bahia Rd Ocala FL 34472	□Add
V		Ocala Fl 34472	ø Remov e
			Change
			□Add
		<u>. </u>	□Remove
			□Change
			□Add
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			□Change
			□ Add
			Remove
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			□Add
			□Remove
			□Change

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an effect ote: If	e date, if other than the date of filing:
lis filed	
ated	February 6" 2022 Markal Harris
	Signature of a member or authorized representative of a member
	michael Hagins

Filing Fee: \$25.00