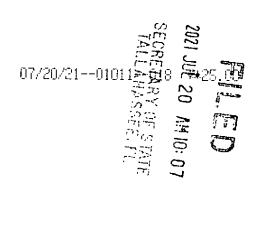
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(Requestor's Name)
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(Document Number)
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300369559273





COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: First Generation Trucking LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JASON Lopez Name of Person First Generation Trucking LLC Firm/Company
7102 86th ST E Palmetto, FL 34221
City/State and Zip Code Jay Ope 2 1160 9 mail Com E-ntail address: (to be used for future angual report notification)
For further information concerning this matter, please call:
at (
Enclosed is a check for the following amount:
✓ \$25.00 Filing Fee \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status
Mailing Address: Registration Section Street Address: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

First Generation (Name of the Limited Liability Comp.	any as it now appears on our rec	ords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000185126</u> .	were filed on 421	202 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202) SEQ1
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PAY OF STATE
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	ldress
		, Florida
	City	Zip Code

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Address Title 1102 86th STE PAlmetto, FL 19401 JASON Lopez 口Change ≦Add [] ⊖□Change _ 🗆 Remove __ Change

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