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| (Requestor's Name)                       |
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| (Address)                                |
| (Address)                                |
| , ,                                      |
| (City/State/Zip/Phone #)                 |
| PICK-UP WAIT MAIL                        |
| (Business Entity Name)                   |
|  |
| (Document Number)                        |
| Certified Copies Certificates of Status  |
| Special Instructions to Filing Officer:  |
| Please Push to                           |
| Please Push to<br>Sunbiz (going to Bank) |
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2021 OCT 15 PH 4: 29
SECRETARY OF STATE
TALL ARRANGE STATE

2021 OCT 15 PH 4: 1

## COVER LETTER

| TO: Registration Section of Corp | orations                                     |   |                          |    |
|----------------------------------|--|---|--------------------------|----|
| şubject:                         | FIRST Gene<br>Name of Limite                 | ed Liability Company  | Trucking LLC             |    |
| The enclosed Articles of A       | mendment and fee(s) are subm                 | itted for filing.   |                          |    |
| Please return all correspon      | dence concerning this matter to              | the following:  |                          |    |
|                                  | Jasev  | Name of Person  |                          |    |
|                                  | First  | GENEVA:   | tion Trucking LL         | .( |
|                                  | 7162 86+                                     | 1 STE   |                          |    |
|                                  | Palmetto                                     | Oity/State and Zin Code   | 54221                    |    |
|                                  | Jay lop-                                     | gity/State and Zip.Code  2 1 6 (W) (O)  3 be used for future annual | port notification)       |    |
| For further information co       | neerning this matter, please ca              | II:   |                          |    |
| JUSON<br>Name of                 | LOD-RZ-                                      | at (732)Area Code   | Daytime Telephone Number |    |
| Enclosed is a check for th       | e following amount:                          |   |                          |    |
| □ \$25,00 Filing Fee             | ☐ \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee<br>Certified Copy<br>(additional copy is en-     | Certificate of Status &  |    |

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

| ,  | OF   | 2021 OCT 15 PM 4: 29                   |
|--|--|--|
| tirst Generatio  | on Irucking  | STORETHAY OF STATE                     |
| (Name of the Limited Liability Co  | inpany as it now appears on our following Liability Company) | ************************************** |
| The Articles of Organization for this Limited Liability Comp<br>Florida document number <u>L210018512b</u> .   | any were filed on 42   | 1 20.2 and assigned                    |
| This amendment is submitted to amend the following:  |  |  |
| A. If amending name, enter the new name of the limited   | iability company here:                                       |  |
| The new name must be distinguishable and contain the words "Limited L  | iability Company," the designation                           | "LLC" or the abbreviation "L.L.C."     |
| Enter new principal offices address, if applicable:  |  |  |
| (Principal office address MUST BE A STREET ADDRESS   | <u> </u>   |  |
|  |  |  |
| Enter new mailing address, if applicable:  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |  |
|  |  |  |
| B. If amending the registered agent and/or registered off agent and/or the new registered office address here; | ice address on our records, <u>o</u>                         | enter the name of the new registered   |
| Name of New Registered Agent:  |  | •                                      |
| New Registered Office Address:   | Enter Floridu street   | orderacs                               |
|  | Buer ; fortale siree   |  |
|  | Cίτγ   | , Florida                              |
| New Registered Agent's Signature, if changing Registered A   | gent;  |  |

New Registered Agent's Signature, it 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 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> | <u>Name</u>    | Address   | Type of Action |
|--------------|----------------|---|----------------|
| MGR          | Abjezer Davila | 1050 FLOrida Grove 1                                | C _ DAdd       |
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| ffective dute, if other than the date of an effective date is listed, the date must be specifote: If the date inserted in this block does ocument's effective date on the Department | filing:(optional) ic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to not meet the applicable statutory filing requirements, this date will not be it of State's records. | o 695.020'<br>e listed as |
| record specifies a delayed effective date, b<br>Lis filed.   | at not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day  | after the                 |
| ated Oct 15  | 2021   |                           |
|  |  |                           |
| Signatur   | e of a member or authorized representative of a member   | _                         |
| TANGO  | A 100 F2   |                           |