K21000194177

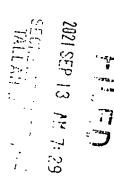
(Requestor's Name)
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D PRUCE SEP 22 2021 TO: PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING: Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM: National Corporate Headquarters, Inc.

1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE: Tuesday, September 07, 2021

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Articles of Amendment
For MAYJA TRUCKING, LLC

We have included payment in the amount of \$25.00 for the following fees:

· Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502



COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: MAYJA	TRUCKING, LLC			
		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	united for filing		
	indence concerning this matter	_		
rease retain an correspo	muchee concerning and maner	to the following.		
	Corpor	ate Maintenance Lea	nd	
		Name of Person		
	Proc	essing Department		
		Firm/Company		
	1	1450 Vassar St		
		Address		
		Reno, NV 89502	Dec.	2021 SEP 13
		City/State and Zip Code		Still .
		locs@incauthority.com		ω ;
lar bether information o	oncerning this matter, please co	•	cation)	<u> </u>
rox imitier information c	oncerning this matter, please co	an.	• • •	-:-! ==
	ing Department	at (800) 638-2320		29
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	ne following amount:			
25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
Registr	ING ADDRESS: ation Section n of Corporations	STREET/COURIE Registration Section Division of Corporate	R ADDRESS:	"

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability	DA I RUCKING, LLC			
(A Florida	ry Company as It now appears on our records.) Limited Liability Company)			
The Articles of Organization for this Limited Liability Co Florida document number <u>L21000194177</u>	ompany were filed on 04/26/21	and as	signed	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company here:			
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abb	reviation "L	L.C."	
Enter new principal offices address, if applicable:				e nev
(Principal office address MUST BE A STREET ADDR	(ESS)			
			202 SEP	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	02	
		F	55	7
			_	* **** 444
B. If amending the registered agent and/or regist		he name	<u>of th</u>	e ne
registered agent and/or the new registered office add	ress here:	713	75.	انسمار ق
			.∵ ∵,	
Name of New Registered Agent:		•	ق	
New Registered Office Address:				
	Enter Florida street address			
	Cin	Zin 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 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	Kristin Myrick	11732 Sunburst Marble Rd	Œ ∧dd
		Riverview, FL 33579	□ Remove
			☐ Change
MGR	Reginald Vilmenay	11732 Sunburst Marble Rd	Ø Add
		Riverview, FL 33579	☐ Remove
			Sign Change
MGR	Frantz Etienne	11732 Sunburst Marble Rd	Add The
		Riverview, FL 33579	Remove
			Nange €hange
		_	Add
			□ Remove
			Change
 			
•		·	Remove
			Change
			
		· · · · · · · · · · · · · · · · · · ·	Remove
			☐ Change

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ALL) HAS	SEP 13	
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	2:1	, 1988 1988
·		
a.m. on the	earlier	of:
b	er filing.) Pursuant nis date will not l	tional) er filing.) Pursuant to 605.0 nis date will not be listed a.m. on the earlier

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00