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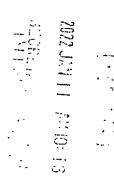
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(Address)
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COVER LETTER

Division of Corporations	
SUBJECT: 30K TRUCKING and Towing LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
Phyro Metayer Name of Person	
DOK Trucking Gird Town	
20066 NW 35th Ave	
Trucking and Jip Code Trucking and Jip Code Trucking and Jip Code E-mail address: (when used for future annual report notification)	
E-mail address: (w be used for future annual report notification)	Ϋ́
For further information concerning this matter, please call:	
Phyro Metayer at 785, 930-9187 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee	
Mailing Address: Street Address:	

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

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 OF

20K	Teckn	sand	70wing	LLC	
(Name of the Limitee	l Liability Company a V Florida Limited Liabi	s remow appears on our r	ecords.)		
The Articles of Organization for this Limited Lia Florida document number <u>し </u>	bility Company wer	re filed on	1252021	and assign	ned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of the new name must be distinguishable and contain the world.	7) -4		2UC King	ational L.C.	Towing LI
Enter new principal offices address, if applica	ole: _				· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET	<u>(ADDRESS)</u> _				
	_			75	
Enter new mailing address, if applicable:	_		<u>.</u>	<u>.</u>	
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u> _	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or regard and/or the new registered office address		ress on our records, <u>c</u>	enter the name of	the new r	registered
Name of New Registered Agent:	_ Phyr	o metayo	°r		
New Registered Office Address:	20066	NW 35th Enter Florida street	AVe		
		mi Gorden	_		

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>	<u>Address</u>	Type of Action
MGR	Phyro Metager	20066 NW 35th AVE	ZAdd
	'	20066 NW 35th Ave miranigarden Fl, 33056	□Remove
			□Change
			□Add
			Remove
			□Add ☐Remove
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an effective date i ote: If the date	is listed, the date n inserted in this	he date of filin nust be specific an block does not a Department of S	id cannot be pric meet the appli	or to date of filir icable statutor	ng or more than		iling.) Pur		
	a delayed effec	tive date, but no	t an effective	time, at 12:01	a.m. on the c	arlier of: (b)	The 90	th day after	the
is filed.	iptem	ber 29	· <u>2021</u>	· ·					
is filed.	eptem	,	1	horized represe	ntative of a me	mber			

Filing Fee: \$25.00