L21000249550

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COVER LETTER

	Registration Se Division of Cor					
SUBJEC [*]		JCKING LLC				
SOBJEC	••-	Name of Lim	uited Liability Company			
		Amendment and fee(s) are sub	-			
		GRIGORE REVENÇO				
		- · ·	Name of Person	_		
	_					
	_					
	KISSIMMEE, FL 34743					
		gregtruckingllc@gmail.com	City/State and Zip Code			
	E-mail address: (to be used for future annual report notification)					
For furthe	r information c	oncerning this matter, please c	all:	21 JUN 25		
ALEXAN	IDRA REVEN	СО	407 535-5391 at ()	• =		
	Name o	f Person	Area Code Daytime Telephone Numl	ber 3 3 3		
Enclosed	is a check for th	ne following amount:		-,		
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certifi (additional copy is enclosed) Certifi	Filing Fee, cate of Status & ed Copy nal copy is enclosed)		
	Mailing Addres Registration S		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**

GREG TRUCKING LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $_{-}^{04/30/2021}$ and assigned Florida document number _____L21000249550 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cirv

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	GRIGORE REVENCO	3053 STILLWATER DR	Add
		KISSIMMEE, FL 34743	□Remove
			□ Change
			□Add
			Change
			□Add
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Filing Fee: \$25.00