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2021 SEP 17 PM 8: 54

COVER LETTER

TO: Registration Sect Division of Corpo			· ·			
CAMY	TRIVING &	1061STICS 11C	•			
Subject: Onet i	TRUCKING & I	ited Liability Company				
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.				
Please return all correspond	lence concerning this matter	to the following:				
	JEMUEL	CARTY				
		CARTY Name of Person				
		Firm/Company				
	1849 CAYMAN	COVE CIR Address				
	ST. CLOUD	FL , 3477.1 City/State and Zip Code				
		City/State and Zip Code				
	CARTYTRUCKIN	16 LLC @ GMAIL . COM to be used for future annual report notif	igotuun l			
			icarem)			
For further information con	cerning this matter, please ca	all:				
JEMVEL C:	1277	ar (407 + 773 -	47.13			
JEMVEL CARTY Name of Person		at (407) 773 - 4723 Area Code Daytime Telephone Number				
Enclosed is a check for the	following amount:					
S≥ \$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)			
Mailing Address:		Street Address:				
Registration Se		Registration Sec				
Division of Cor P.O. Box 6327	ротацонѕ	Division of Corp The Centre of Ta				
Tallahassee, FL	. 32314	= :	Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 SEP 17 PM 8: 54 (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) 06/07/21

The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L2</u>1000264781 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 "LLC." 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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

Title-	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00