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(Re	questor's Name)	
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arin inc	Gut Trucks	LLC	•		
SUBJEC	:T:	Name of Lin	nited Liability Company		
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Hugo A. Flores			
			Name of Person		
		Gut Trucks LLC			
		· · · · · · · · · · · · · · · · · · ·	Firm/Company		
		3701 Danforth Drive West	#304		
			Address		
		Jacksonville/FL 32224			
			City/State and Zip Code	·	
		raulduransokolova@gmail.			
For furth	er information c	E-mail address: (oncerning this matter, please c	to be used for future annual report noti all:	fication)	C)
Hugo A.	Flores		404 916-5144	,	•
	Name o	f Person		e Telephone Number	
				2	1
Enclosed	is a check for th	ne following amount:		1.2	
■ \$25.0	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 State Certified Copy (additional copy is enc	
	Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction	
	Division of C		Division of Cor		
	P.O. Box 632		The Centre of T		
		7	The Centre of T		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Gut Trucks LLC		
(Name of the Lin	nited Liability Company as it now appears on our recor (A Florida Limited Liability Company)	<u>'ds.</u>)
ne Articles of Organization for this Limited	Liability Company were filed on June 16th, 2021	and assigned
orida document number L21000279839		
is amendment is submitted to amend the fo	llowing:	
If amending name, enter the new name	of the limited liability company here:	
new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
ter new principal offices address, if appl	icable:	
rincipal office address MUST BE A STRE	ET ADDRESS)	
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE	E BOX)	AN
		
If amending the registered agent and/or ent and/or the new registered office addr	registered office address on our records, ente	l
ent and/or the new registered office agus	ess nere.	
Name of New Registered Agent:	Hugo A. Flores	
New Registered Office Address:		24
New Registered Villee Address.	Enter Florida street addre	125.5
	, F	`lorida
	City	Zip 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 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
AMBR	Raul Duran Sokolova	729 Independence Ln, Aeworth, GA, 30102	≡ Add
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offective date is listed, the date m	ust be specific and cannot be prior to c	late of filing or more than 90 o	_ (optional) lays after filing.) P	ursua nt to 605.0 2
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Typed or printed name of signee