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COVER LETTER

	gistration Sec vision of Corp			٠	,	
CHB IPCT.		DOG GARO	CIA TRUCKING LLC			
SUBJECT:		Name of Lim	ited Liability Company			
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return	n all correspor	ndence concerning this matter	to the following:			
			Edwin Armijo			
			Name of Person			
			Simplex Group Inc			
Firm/Company						
		750	0 NW 52ND ST SUITE 100			2
Address					13.5 13.5 14.5	(i2)
MIAMI FL 33166						2021 OCT 25
		endylazaro@gmail.com	City/State and Zip Code			
E-mail address: (to be used for future annual report notification)						<u>⊐</u> ਵੋਂ
For further	information co	oncerning this matter, please c	all:			PH 5: 42
Endy Lazar	o Garcia Fuen	te	239 3131228 at ()			, ,
	Name of	Person		e Telephone Number	_ 	
Enclosed is	a check for th	e following amount:				
\$ \$25.00	Filing Fee	ing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Fil Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified (additional codditional co				
Ro	ailing Address	Section	Street Address: Registration Sec			

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

DOG GARCIA T	RUCKING LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears Liability Company)	on our records.)	·····		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	06/17/2021	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the des	signation "LLC" or the abb	reviation "L.L.C."		
Enter new principal offices address, if applicable:	9514 Letterstone Ct		202		
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33615				
			7		
Enter new mailing address, if applicable:	9514 Letterstone Ct				
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33615	<u> </u>	<u> </u>		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	cords, <u>enter the name</u>	of the new registered		
Name of New Registered Agent:					
New Registered Office Address:	9514 Letterstone Ct Enter Florida street address				
	Tampa	, Florida	33615		
	City		Zip Code		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this co performance of to provided for in Ci	ny duties, and I am fe hapter 605, F.S. Or, a	uniliar with and if this document is		

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>	Name	Address	Type of Action
AMBR	ARELIS CONCHADO	9514 Letterstone Ct	
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Filing Fee: \$25.00