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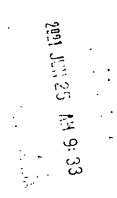
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COVER LETTER

Division of Cor	- '	,	
SUBJECT: HA	NSON'S TRUCK Name of Limit	ING EXCAUAT	ING, LLC
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	
	<u>Donna</u> Hansmis	Hanson Name of Person	ACAUATING, LLC
	11 3 1130113	Firm/Company	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	11902 Wil	1) is Rd Address	
	-	Address	
	fort Pier	ca, #1 349	45
	Donnavaler E-mail address: (to	City/State and Zip Code 1 20 @ 6 M 2 i l be used for fitture annual report notice	fication)
For further information co	oncerning this matter, please cal		-
Donna Ha	ns or	at (<u>570</u>) <u>702 –</u> Area Code Daytim	18/2 e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

Street Address: 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

HAMSO NS TRUCK UPG (EXCAVATING LLC (Name of the Limited Liability Company as it now appears on our records.)

(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 6-8-202 and assigned Florida document number 12/0002357

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)

9

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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

_, Florida __

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	Donald Hanson	11902 Willis Rd	_ DAVId
		fort Pierce, FL	_ □Remove
		34945	_ □Change
AMBR	DOLLA HONSON	11902 Willis Rd	_ □Add
		34945 11902 Willis Rd fort Pierce, FL- 34945	Remove
		34945	Change 1
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effective date is listed, the date must be specific and cannot be prior to date of fite: If the date inserted in this block does not meet the applicable statut	iling or more than 90 days after filin	g.) Purst	ant to 605.020
rument's effective date on the Department of State's records.	ory ming requirements, this dat	c will in	or be fisied a
cord specifies a delayed effective date, but not an effective time, at 12:0 s filed.	01 a.m. on the earlier of: (b) 1	he 90th	day after the
ed 6-23-2021.			
ed 6-23-2021			
ed 6-23-2021. Direct D Hansy Signature of a member or authorized repre	esentative of a member		