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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	SSC CL TOC Name of Limi	Y (CC) L C ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.	,	
Please return all correspo	ondence concerning this matter	to the following:		
	Jean Oh	Name of Person		
		Firm/Company	2021 SEC 77	
	901 counts	Crest arcle	JUL -8-	
		33015 City/State and Zip Code	JUL -8- PH 3: 05 RETARY OF STATE LLAHASSEE, FL	2
	ONUSS OSE E-mail address on	hotmol. Com of be used for future annual report notif	leation) Tri Cf	
For further information c	oncerning this matter, please ca	ill:		
Jean ()14 Name of	SSC if Person	at (331) 339 Area Code Daytimo	7582 : Telephone Number	
Enclosed is a check for the	he following amount:			
☐ \$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 Addres		Street Address:	: 	
Registration S Division of C		Registration Sec Division of Cor		
P.O. Box 632	•	The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100535378</u>	were filed on $\frac{a}{a}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
LOUDRIG Trucking, LLC The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	907 counts crest girgle Apopta, FL 327129 907 counts crest girgle Apopta, FL 327129 Apopta, FL 327129
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Appxox	inddress on our records, enter the name of the new registered AF OLGSC Enter Florida street address City City Tild Tild City Tild Tild City Tild Tild Tild
•	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>	Address	Type of Action
MGR	Jean Mysse	907 counts crest	□Add
		circle Apopko, FL 32712	
			□Change
AP	Jodiane mysse	907 counts crest	□Add
		Cicle Apopla, FL 320	12□Remove
		TALL	Change 2021
		MHASSEE.	Remoye 3: Change
		FL	ယ္ U _CDIChange
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te: If the date inserted in ument's effective date of	n this block does no	t meet the applicab	le statutory filing red	quirements, this d	ate will not be	e listed
ment's circuit date of	n the Department o	suite s records.				
cord specifies a delayed	effective date, but r	not an effective time	e, at 12:01 a.m. on th	ne earlier of: (b)	The 90th day	after th
s filed.						
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