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SECRETARY OF STATE
TALLAHASSEF TATE





September 11, 2021

LUIS E. DIAZ MARTIN 4516 SEILS WAY ORLANDO, FL 32812

SUBJECT: FLORIDA TRUCKIN SERVICES LLC

Ref. Number: L21000302339

We have received your document for FLORIDA TRUCKIN SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott Document Specialist II

www.sunbiz.org

Letter Number: 821A00021918

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Truckin Ser	ruices LLC	
(Name of the Limited Liability (A Florida l	Company as it now appears of Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on@	30 ZOZ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company." the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our reco	rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		, Florida
	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>	Address	Type of Action
AMBR	Luis E. Siaz Hadin	4516 Seils Way	□∧dd
		4516 Seils Way Orlando FL 32812	□Remove
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ve date, if other than the date of filing:	(optional) ing or more than 90 days after filing.) Pursuant to 603
If the date inserted in this block does not meet the applicable statuto ent's effective date on the Department of State's records.	ry filing requirements, this date will not be list
d specifies a delayed effective date, but not an effective time, at 12:0	I a m. on the earlier of (h). The 90th day offe
ed.	a.m. on the carnet of. (b) The soul day and
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Beptember 26, 2021	
Signature of a member or authorized represe	