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COVER LETTER

	istration Secti ision of Corpo				
eum mer.	SM TRUCKI	NG LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	Articles of Ar	nendment and fee(s) are sub	mitted for filing.		
Please return	all correspond	lence concerning this matter	to the following:		
		SHABDAN MOIDUNOV			
			Name of Person		
		·	Firm/Company		
		8801 HIDDEN RIVER PK	WY		
			Address		
		TAMPA, FL 33637			
			City/State and Zip Code		
		SHABDAN.MOYDUNOV	~		
		E-mail address: ()	to be used for future annual	report notification)	
For further in	formation con	cerning this matter, please ca	all:		
SHABDAN	MOIDUNOV		443 929 at ()	9-1058	
	Name of P	erson	Area Code	Daytime Telepho	one Number
Enclosed is a	check for the	following amount:			
≡ \$ 25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

(Name of the Lim	ited Liability Compa	ny as it now appears on our r Liability Company)	ecords.)
	(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited 1	liability Company	were filed on 07/06/2021	and assigned
Florida document number L21000306664	· · · · · · · · · · · · · · · · · · ·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	8801 HIDDEN RIVER P	KWY
Principal office address MUST BE A STREET ADDRESS)		TAMPA FL 33637	N
	,		021 系
Enter new mailing address, if applicable: "Mailing address MAY BE A POST OFFICE BOX"		Sime	FIL DCT 25
			%c p m
Juning march MIT DE IT CAT CITY	<u> иол</u>		D N D
			77.00
3. If amending the registered agent and/or in gent and/or the new registered office addre		address on our records, <u>e</u>	
gent and/or the new registered office adure	ss nere.		
Name of New Registered Agent:	SHABDAN MOIDUNOV		
New Registered Office Address:	8801 HIDDEN	RIVER PKWY	
		Enter Florida street a	uddress
	ТАМРА		_, Florida <u>33637</u>
		City	Zıp 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. Thereby confirm that the limited liability company has been notified in writing of this change.

f 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

Title	<u>Name</u>	Address	Type of Action
MGR	MOIDUNOV, SHABDAN	8801 HIDDEN RIVER PKWY	≣ Add
		TAMPA FL 33637	□Remove
			□Change
			
			□Remove
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	in this block does not	meet the applicable	late of filing or more than e statutory filing requir	(optional) 90 days after filing.) Purs ements, this date will I	uant to 605,0207 not be listed as t
Effective date, if other the fan effective date is listed, the Note: If the date inserted is document's effective date of	,				
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Note: If the date inserted is document's effective date of record specifies a delayed d is filed. OCTOBER 21ST	effective date, but no	2021	at 12:01 a.m. on the e		a day after the

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