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7021 SEP 10 AM 8: 18

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Mathiex Trucking LLC Name of Limited Liability Company						
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Valliere Mathieu Name of Person						
Mathiex Trucking LLC Firm/Company						
1090 Lake Trafford RD.						
Immokalee, FL 34142						
Williere mathieud @ Gmaile Com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Valliere Mathieu at (339) 675-2158 Name of Person Daytime Telephone Number						
•						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \$\times \text{\$30.00 Filing Fee & Gertificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$						
Mailing Address: Registration Section Registration Section						

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION 2021 SEP 10 AM 8: 18

SECRETARY OF STATE The Articles of Organization for this Limited Liability Company were filed on __ Florida document number [210003081 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 "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) 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: Iliere Mat Name of New Registered Agent: New Registered Office Address:

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.

Agent, Signature of New Registered Agent

If emending 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 = A	uthorized Member				
<u>Title</u>	Name		Address	• .	Type of Action
MGR	Valliere Mathie	Ŋ	1090 Lates Tra	ford Rd	DAdd
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
I've attached a Sticky note. That would be my
only additioned Chaggeon For the registered name.
Current Registered names Valliere Mathieu M. SR
New Registered Corrected Names Valliere Mathieu
*
E. Effective date, if other than the date of filing:
#If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Daled <u>September 8</u> . <u>2021</u> .
Signature of a member or authorized representative of a member
Valliere Mathieu Typed or printed name of signee

Filing Fee: \$25.00