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### **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: Miles Ahead Trucking Company 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:  |
| Patrick Irenc Name of Person   |
| Firm/Company   |
| 1720 E. Tiffang Drive # 101  |
| City/State and Zip Code  jonathan garys-cymuil. com.  E-mail address: (to be used for future annual report notification) |
| Jonathan gary 5- p gmuil. co m.  E-mail address: (to be used for future annual report notification)                      |
| For further information concerning this matter, please call:   |
| Donathan Gary at (954) 45 595-0302  Name of Person Area Code Daytime Telephone Number                                    |
| Enclosed is a check for the following amount:  |
| ☐ \$25.00 Filing Fee   |

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

| (A FI  | orida Limited L | iability Comp | pany)   | ,               |                  |              |
|--|-----------------|---------------|---|-----------------|------------------|--------------|
| The Articles of Organization for this Limited Liabili Florida document number <u>L2100030926</u>     | ty Company v    | were filed c  | on July a   | 06,202          | and ass          | igned        |
| This amendment is submitted to amend the following   | <u>r</u> :      |               |   |                 |                  |              |
| A. If amending name, enter the new name of the   | limited liabii  | lity compa    | ny here:  |                 |                  |              |
| The new name must be distinguishable and contain the words   | Limited Liabili | ty Company,   | ' the designation '                                     | 'LLC" or the ab | breviation "L.   | L.C."        |
| Enter new principal offices address, if applicable:  |                 |               |   |                 | : 3              | <del></del>  |
| (Principal office address MUST BE A STREET AL  | ODRESS)         |               |   |                 |                  |              |
|  |                 |               |   | <del> </del>    | ;                |              |
| Enter new mailing address, if applicable:  |                 |               |   |                 |                  |              |
| (Mailing address MAY BE A POST OFFICE BOX  | 2               |               |   |                 |                  |              |
|  |                 |               |   |                 | <u></u>          |              |
| B. If amending the registered agent and/or regist agent and/or the new registered office address her | <u>re</u> :     |               |   |                 |                  |              |
| Name of New Registered Agent:  | Pu              | brick         | くエア   | enc             |                  |              |
| New Registered Office Address:   | 1720            | Sast<br>Ente  | T:Han<br>er Florida street &                            | y Dei           | ve #             | <u> 10 Î</u> |
|  | West            | Palm<br>City  | Tiffan<br>Tiffan<br>er Florida street <b>e</b><br>Beach | , Florida       | 3340<br>Zip Code | ?            |

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

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

company has been notified in writing of this change.

If 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

| <u>Title</u>  | <u>Name</u>       | Address  | Type of Action       |
|---------------|-------------------|--|----------------------|
| CEO           | Jonathan Gary, SR | 1720E. Tiffany Drive #10<br>West Palm Beach, FL 33 | )/<br>H07            |
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| <u>CEO</u>    | Patrick Frenc     | 1720 & Tiffung Drive                               | # <i> δ(</i><br>□Add |
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| m effective date is listed       | er than the date of fili<br>, the date must be specific a | nd cannot be prior to date | of filing or more than 90 days a | ptional) ifter filing.) Pursuant to 605.020 |
|                                  | ed in this block does not the Department of               |                            | atutory filing requirements.     | this date will not be fisted a              |
|                                  |   |                            |                                  |   |
| ecord specifies a dela is filed. | yed effective date, but n                                 | ot an effective time, at   | 12:01 a.m. on the earlier of     | (b) The 90th day after the                  |
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| ned                              | 121   | . 2(                       |                                  |   |
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Typed or printed name of signee