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COVER LETTER

TO: Registration S Division of Co					
	&M TRUCKING LLC				
SUBJECT:					
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	GREISY SUAREZ				
		Name of Person			
	Cape Coral, FL 33990			22.00 00.00 1702	3
	SECULIA: SECULIA:				
	info@directsolutionservice E-mail address: (s.com to be used for future annual report notif	icationt		ं करस्य अ द्या - रे
For further information	concerning this matter, please e		remain,	S THE	
GREISY SUAREZ		239 443-5846 at ()			1
Name	of Person	at () Area Code Daytime	Telephone Number		,
Enclosed is a check for t	he following amount:				
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEAM A&M TRUCKING LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{1.21000314948}{1.21000314948}$	rany were filed on 07/09/2021	and assigned
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 L	iability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2
(Principal office address MUST BE A STREET ADDRESS	2	1021 A
-		
		1 47.20
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		
		- 5 - 5 - 8
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
- 11 / 	, Florid	
	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 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
AMBR	LEAL VALDES ANDRES JAVIER	507 SW TRAFALGAR PKWY	□Add
		CAPE CORAL, FL 33991	■Remove
			⊡Change
AMBR	MAYDALIS BELLO QUINTANA	507 SW TRAFALGAR PKWY	🖻 Add
		CAPE CORAL, FL 33991	□Remove
			□Change
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