L21000316931

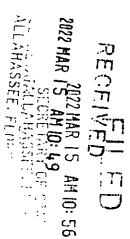
| (Requestor's Name) | | | | | | | |
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| (Address) | | | | | | | |
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| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | |
| (Business Entity Name) | | | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
| J. HORNE | | | | | | | |
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Office Use Only



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COVER LETTER

| Division of Corporations |
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| SUBJECT: MtM Trucking t Vansportation 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: |
| Mikesha Mixson Name of Person |
| M&M Trucking & Transportation LLC JEIN/Company |
| 390 NE VOSS RA |
| Lake City F1, 32055 |
| E-mail address: (to be used for future annual report notification) |
| For further miormation concerning this matter, please call: |
| Mikesha Mixson at (386) 965-4509 Area Code Daytine Telephone Number |
| Enclosed is a check for the following amount: |
| □ \$25.00 Filing Fee \$ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

FILED 2022 MAR 15 AH 10: 56

LCSECRETARY OF S

The Articles of Organization for this Limited Liability Company were filed on $\frac{7}{12}$ Florida document number L21000316931 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|----------------|---------------------------------------|----------------|
| AMBR | Mikesha Mixson | 390 NE Voss Rd Lake City FI, 32055 | ₩Add |
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| <u>Note:</u> If | e date, if other five date is listed, the the date inserted it's effective date | in this block doc | s not meet the | e applicable sta | of filing or more the | (option an 90 days after fi uirements, this o | nal) ling.) Pursuant to 60 date will not be lis | 5.0207 ted as 1 |
| record : d is filed | | d effective date. | but not an eff | ective time, at | 12:01 a.m. on the | e carlier of: (b) | The 90th day after | er the |
| Dated 🛴 | March | <u>15</u> | , <u>2(</u> | 122 | , | - , | | |
| | | Signati | are of a membe | r or authorized r | epresentative of a | member | | |
| | | | 1 : | | | | | |

Filing Fee: \$25.00