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| Special Instructions to | Filing Officer: | |
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Office Use Only



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T. MATTHEWS MAY 23 2022

COVER LETTER

| TO: Registration Sec Division of Corp | | | |
|--|---|---|--|
| SUBJECT: Manit | ested trucking Name of Limit | led Liability Company | |
| | | | |
| The enclosed Articles of A | mendment and fee(s) are subm | nitted for filing. | |
| Please return all correspon | dence concerning this matter t | o the following: | |
| | | | |
| | Julian Vas | QUEZ Name of Person | |
| | Manifested | Frucking 11c | |
| | 37 pine hurst L | n Unit B Address | |
| | Palm Coust F | City/State and Zip Code | . |
| | Manifestedtre | City/State and Zip Code Change Come. L. Come of be used for future annual report notif | ication) |
| For further information co | ncerning this matter, please ca | | |
| Julian Vasque Name di | Je 7 Person | at (<u>904</u>) <u>600 - 7</u> Area Code Daytime | : Telephone Number |
| Enclosed is a check for the | e following amount: | | |
| □ \$25.00 Filing Fee | ▼\$30.00 Filing Fee & Certificate of Status | □ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | Cannot Addunous | |

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 SECRETARY OF STATE

| Manifested True him 1 | 22-APR | 15 PMIZ. 40 |
|---|--|---------------------------------|
| (Name of the Limited Lightlity (A Florida L.) | Company as it now appears on our recormited Liability Company) | <u>ds.</u>) |
| The Articles of Organization for this Limited Liability Con Florida document number <u>L21000320522</u> | _ | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | d liability company here: | |
| The new name must be distinguishable and contain the words "Limited | 1 Liability Company," the designation "LL | C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRE | <u> </u> | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | ffice address on our records, <u>ente</u> | r the name of the new registere |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street addre | ess |
| | F | Iorida |
| | 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 | Julian Gilbert Vasquez | 37 pine hurst La Unit B Palma | Oca MAdd |
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