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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TOLOGO THE TRUCK IN INTERPRETATION Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Haybel Caraballo Name of Person
Ideal JH trucking 10.
5440 LU 215+ CT # 401
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hayke Carabollo at (780) 458 9352 . Name of Person at (780) U58 9352 . 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

(Name of the Limited Liability Compania) (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	vere filed on 07 15 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liability and Contain the words".	ne:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "E.E.C" or the abbreviation "E.E.C.
Enter new principal offices address, if applicable:	1,015
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	none.
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	none.
New Registered Office Address:	Enter Florida street address
	Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar wan and provided for in Chapter 605, F.S. Or, if this document is

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
MGR	Julio Contino	5440 W21 stet # 401	[#Add
()		healeah FL 33014	Remove
	Γ		□Change
<u>Hge</u>	Haybel acraballo	5440 lle 21 d # 401 healear x 33016	(Z]_Add
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ecti	ve date, if other than the date of filing:
te:	ctive date is listed, the date must be specific and cannot be prior to date of fling or more than 90 days after filing.) Pursuant to 605.02 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
cume	nt's effective date on the Department of State's records.
core	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
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	12 18 A 2 1 M 1.
	Signature of Intember of pathorized representative of a member

Filing Fee: \$25.00