## L21000324820

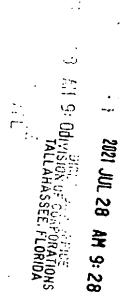
(Re	questor's Name)	
(Add	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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JUL .. LULI

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SHRIFA	TES TRUCKIN	ELLC
SUBJE	Name of Limited Liability	Company
The encl	losed Articles of Amendment and fee(s) are submitted for f	iling.
Please π	eturn all correspondence concerning this matter to the follow	wing:
	Anthony	Juan Jimenez of Person
	IFS TE	Company LLC
	Firm	Company
	1412 Bareback D	Y ddress
	Tallahassee, FL City/State	32310 and Zip Code
	Aj. Festrucifing D E-mail address: (to be used to	YGNOC · (CW) r future annual report notification)
For furth	ner information concerning this matter, please call:	
A	Name of Person at (	750 Sylven Code Daytime Telephone Number
Enclosed	I is a check for the following amount:	
<b>1</b> \$25.	Certificate of Status Cert	O Filing Fee & S60.00 Filing Fee, ified Copy ional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

, -	ing ccc		
(Name of the Limited	d Liability Company as it now appears of A Florida Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Lia Florida document number L210003248		/28/2021	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liability company here	:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the desig	mation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B			<del> </del>
muting duties MAT DE ATOST OFFICE D	<u></u>		~~
B. If amending the registered agent and/or re	gistered office address on our reco	ords, enter the na	me of the new registere
agent and/or the new registered office address	•	;;	0
Name of New Registered Agent:	Anthony Juar	1 Timer	162
New Registered Office Address:	1412 Bareback	street address	
	Tallahasspe	, Florida _	32310
	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.

f 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>	Name	Address	Type of Action
AMBR	Anthony Jimenez	1412 Bareback Dr	XAdd
	•	1417 Bareback Dr Tallahassee, FL 32310	□Remove
			□Change
	Merrill Delweiler	5179 Maddex rd	□Add
		Tallahasser, FL 32303	XRemove
			□Change
		<del></del>	□Add
			□Remove
			□Change
			□Add
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		- NS	□ Add
		<del></del>	□Remove
			Change
			□Add
			□Remove
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-	
(If an effect Note: If	e date, if other than the date of filing:
he record s	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
	7/20/2
Dated	1/28/2001 Anthews Limenus
	Signature of a member or authorized representative of a member
	Anthony Juan Timenez