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COVER LETTER

Division of Corp	orations		
subject: <i>FFA\$TAA</i>	nd FFurious Trucking Name of Lim	g LLC ited Liability Company	
	mendment and fee(s) are sub		
Please return all correspon	dence concerning this matter	to the following:	
	Mark Dav	Name of Person	
	FFASTAANDFFU	Firm/Company	
		S7 SW Address	
	FEASTARNIOPEN	City/State and Zin Code LTOUSTRUCKING Q. Yahoo to be used for future annual report notifi	/ o./h
	E-mail address: ()	to be used for future annual report notif	fication)
or further information cor	ncerning this matter, please ca		
Mark Davis	ó Person	at (<u>321</u>) <u>961-76</u> Area Code Davtime	6 1 7 e Telephone Number
Enclosed is a check for the	following amount:		
12 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Conv (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional conv is enclosed)

Mailing Address:

TO:

Registration Section

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

FFAST AANDFFURIOUS TRUCKING LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
of Organization for this Limited Liability Company were filed on Tell (4, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	and a

ssigned The Articles of Orga Florida document number L21000345854 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." 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:

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</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name		Address	Type of Action
nGRM	Mark A Davis	728 Win	schell STSW Palm Buy FL 32908	t Add
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	N/A
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(If an et Note:	tive date, if other than the date of filing:
he reco ord is f	rd 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
Dated	08/03/2021
	Signature of a member or authorized representative of a member
	Mark Davis Denetherea James Typed or printed name of signee