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Y. SCOTT JAN 2 3 2022

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	Doei Haul	ing Services		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	<u>CARlo</u>	DS A. Nolusco Name of Person		
		Firm/Company		7077
	2501 S.W). 1st street		T III.
			1000 T	<u> </u>
	Miami, a	City/State and Zip Code		PH 2: 02
		·	• •	20
		to be used for future arrival report noti	fication)	
For further information of	oncerning this matter, please ca		_	
(Arlos_li	O asco	at (<u>186)</u> <u>670</u> Area Code Daytim	e Telephone Number	
Enclosed is a check for th	ne following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	[] \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fe Certificate of St Certified Copy (additional copy is o	tatus &
Mailing Addres Registration S	Section	Street Address: Registration Sec		
Division of C P.O. Box 632		Division of Cor The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NORI Hawling Serv	CLS Liability Company as it now appears on ou Visionida Limited Liability Company)	r records.)	
The Articles of Organization for this Limited Lia Florida document number <u>L 21000 368 4</u>		7/2021	_ and assigned
This amendment is submitted to amend the follow	ving:		٠
A. If amending name, enter the new name of the Novi Hauling & Auto The new name must be distinguishable and contain the work.			
The new name must be distinguishable and contain the work Enter new principal offices address, if applical (Principal office address MUST BE A STREET)	ble:	on "LLC" or the abbre	via DOZZ JAN 14
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	SEE, FIL	D PM 2: 02
B. If amending the registered agent and/or regagent and/or the new registered office address	•	, enter the name o	f the new registered
Name of New Registered Agent: New Registered Office Address:	Carlos A. Volasto, Se 2501 SW 15 Street		e as before)
		Florida	33135 ·

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

Title	<u>Name</u>	Address	Type of Action
MGR)	CArlos A. Nolasco, SR.	2501 Sw 14 Street, Miami Fl	Ľ ∕√dd
			□Remove
			[] Change
<u>M62</u>	Jose Richiez	2501 BW 14 St. Hiami 3313	
		2501 BW 19 St. Hiami 331	35 XIRemove 2022
		2501 BW 19 St. Miami 331 MLLAHLSSEE FILE	
		FATE	
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CARLO	DS A. K	JOIAS C	0,5R.	Should	appear	as	MGR
instead	d of	CEO		Should			
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	a delayed effecti	ive date, bu	it not an effect	ive time, at 12:01 a.n	n on the earlier of	(b) The	e 90th day after th
is filed.	. . —						
ited/	. 05		<u>20.</u>	authorized representation Substitute of signees			
A	Cont.	Ala	<i></i>				
	- Y 000 5-	Siduature	of a member of	authorized representati	ve of a member		
	- /	Signature	The distriction of the				

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00