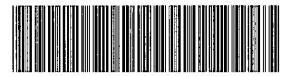
L21000371995

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SECRETARY OF S 1919

COVER LETTER

TO:

TO: Registration Division of C	i Section Corporations		· v.	
CLID HEZT.	MCGANNS TRUCKIN	G LLC		
SUBJECT:		nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
	KINIS	SHA WEST		
		Name of Person		
		Firm/Company		
	5200 Rising Comet Lane,			
		Address		
	Gree	nacres Florida 33463 City/State and Zip Code		
	Kinish	awest@yahoo.com		
		to be used for future annual repo	ort notification)	
For further informatio	n concerning this matter, please c	all:		
KINISHA	WEST	at (347	589-1603	
Nan	ne of Person	Area Code 1	Daytime Telephone Number	
Enclosed is a check fo	or the following amount:			
⊠ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Add		Street Addr		
Registratio Division o	n Section f Corporations	Registration Division o	on Section of Corporations	
P.O. Box 6	327	The Centre	e of Tallahassee	
Tallahasse	e, FL 32314		fonroe Street, Suite 810 re, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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MCGANNS TRUC	KING LLC	CECOETADY OF CITE
(<u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears on o imited Liability Company)	ur respirate HASSEE. FI
The Articles of Organization for this Limited Liability Con	mpany were filed on08/19	9/2021 and assigned
Florida document number <u>L21000371995</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designa	tion "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our record	s, enter the name of the new registered
agent and/or the new registered white address here.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet address
	City	Florida 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 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>	<u>Address</u>	Type of Action
AMBR	DEAN ROBERT MORRIS	7976 AMETHYST DR, PENSACOLA	⊠ Add
		FLORIDA 32506	□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			🗆 Remove
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an effective of the second section of the s	date, if other than the dive date is listed, the date must be the date inserted in this bloe is effective date on the Depr	e specific and c does not r	d cannot be pric nect the appli	or to date of fi cable statute	ling or more tha		iling.) Pursuant to	
record sp I is filed.	occifies a delayed effective o	ate, but not	t an effective	time, at 12:0)1 a.m. on the	earlier of: (b)	The 90th day	after the
ated	September 9th		, 2021	·				
	Si	gnature of a	member or auth	norized repre	sentative of a n	ember		-