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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of /	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	LORENZA F. DARLING		
		Name of Person	
		Firm/Company	
	9009 WESTERN LAKE D	R #505	
		Address	
	JACKSONVILLE, FL 322	56 City/State and Zip Code	
	DARLINGLORENZA@GM	AAIL.COM	
For further information co	E-mail address: (oncerning this matter, please co	o be used for future annual report notiful.	fication)
TYANA COPELAND	meering in a mater, preuse es	904 416-7364	
Name of	Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for th	e following amount:		
☐ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C	Section	Street Address: Registration Sec Division of Cor	
P.O. Box 632 Tallahassee, F	7	The Centre of T	•

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIG D TRUCKING LLC

(Name of the Limited L (A F	Janutry Company as it now appears (forida Limited Liability Company)	in our records.)	
The Articles of Organization for this Limited Liabil Florida document number L21000392966	lity Company were filed on $\frac{09/03}{2}$	2/2021	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here	<u>z</u> :	
BIG 3D TRUCKING LLC			
The new name must be distinguishable and contain the words	"Limited Liability Company," the desi	ignation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable	e:	- ·	
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	<u></u>		
B. If amending the registered agent and/or regis agent and/or the new registered office address h		ords, <u>enter the nan</u>	e of the new registered
Name of New Registered Agent:			
	<u> </u>		
New Registered Office Address:	Enter Florid	a street address	
-	City	, Florida	Zip Colle ²
New Registered Agent's Signature, if changing Regi	•		i B
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this charge	gent and agree to act in this ca ind complete performance of m ced agent as provided for in Ch istered office address, I hereby	iv duties, and Lam apter 605, F.S. Or,	familiar with and 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
			∐Add
			Remove
			Change
			⊔Remove
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ffective date, if other than the d	late of filing:			(optional)	
an effective date is listed, the date must l ote: If the date inserted in this bloc	be specific and cannot				
ocument's effective date on the Dep					
record specifies a delayed effective lis filed.	date, but not an eff	ective time, at 12:0) a.m. on the earlier	of: (b) The 90th day at	fter the
ated OCTOBER 26	202	1			
\sim	^^				
Joseph I	Da lu		sentative of a member		

Typed or printed name of signee