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T. MATTHEWS JUN 17 2022

COVER LETTER

TO: Registration Section Division of Corpora			, ,
CA T	Collins 1	<i>1</i> / .	
SUBJECT:	Name of Limi	ited Liability Company	<u> </u>
:			
The conditional Aminhorace Amin	idmant and Coats Vara sub-	minad far Glina	
The enclosed Articles of Amer		-	
Please return all correspondent	e concerning this matter	to the following:	
_	Edwin 1	Name of Person	
_	EA Truc	LING LLC.	
#	521 [52]	n 74th tec	·
_	Hollywood, FL	23074 City/State and Zlp Code	
: -	Calwamili 360 E-mail address: (1	amail. Com line used for future annual report notification)	
For further information concer	ning this matter, please co	all;	
Edwin Amilia	gn .	at (<u>305</u>) <u>801- 0560</u>	
Name of Perso) n	Area Code Daytime Telepl	ione Number
Enclosed is a check for the fol-	owing amount:		
☑ \$25.00 Filing Fee □	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & , □ Certified Copy (additional copy is englosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	on.	Street Address:	
Registration Section Division of Corpo		Registration Section Division of Corporati	ons
D O D 6307		The Control of Computer	

P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT • TO ARTICLES OF ORGANIZATION OF

ZOPETARY OF STATE DIVISION OF CORPORATIONS

22 APR 25 AM 9: 00 The Articles of Organization for this Limited Liability Company were filed on AFlorida document number 1.2100040005 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," the designation "LLC" or the abbreviation "LLC." 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: Enter Florida street 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, 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
MGR &		Edwin Amilien	1521 n 74th tec	[\$\int Add
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Effect f an eff Note:	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
locum	i's effective date on the Department of State's records.
recor d is fi	pecifies 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	04/20/22
	E Queler
	Signature of a member or authorized representative of a member
	^ -