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| PICK-UP | MAIT | MAIL |
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| Certified Copies | _ Certificate | s of Status |
| Special Instructions to I | Filing Officer: | |
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Office Use Only



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T. MATTHEWS

DEC 14 2021

COVER LETTER

| Division of Co | | | |
|------------------------------|---|---|---|
| SUBJECT: | AR TROCK | KSTAR LL | C |
| - | Name of Limi | ited Liability Company | |
| The enclosed Articles of | `Amendment and fee(s) are subi | mitted for filing. | |
| Please return all correspond | ondence concerning this matter t | to the following: | |
| · | / | - | |
| | Junezo | dy Nonez | Dorges |
| | | Name of Person | 0 |
| | | Firm/Company | |
| | 8417 Viek | Sburg Road | , |
| | | | |
| | YUNERZY 7 E-mail address: (1 | City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code | My fication) |
| For further information | concerning this matter, please ca | | |
| Yonerda | 1 NUNEZ BOR | 2665 at (772) 507 | 5132 |
| Named | of Person | Area Code Daytim | e Telephone Number |
| Enclosed is a check for t | the 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) |
| | | | |

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Mailing Address:
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 | _ |

| ARTICLES OF O | ORGANIZATION GO |
|---|---|
| O |)F |
| AR TRUCK STA | |
| (Name of the Limited Liability Compar (A Florida Limited L | any as it now appears on our records.) Liability Company) |
| | · · · · · · · · · · · · · · · · · · · |
| The Articles of Organization for this Limited Liability Company | were filed on $09/13/3031$ and assigned |
| Florida document number 42/000405858. | , |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabi | pility company here: |
| | |
| The new name must be distinguishable and contain the words "Limited Liabili | lity Company," the designation "LLC" or the abbreviation "L.L.C." |
| 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) | |
| Muning undress MAT BE A FOST OFFICE BOX) | |
| | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, <u>enter the name of the new regist</u> |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida |
| | City 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:

| | lanager authorized Member | | |
|--------------|------------------------------|-----------------------------|----------------|
| <u>Title</u> | <u>Name</u> | Address 21 E-5 -2 :1110: 39 | Type of Action |
| AMBR | Yunerdy Nonez Bonges | 8417 Vicksborg Road | |
| | ' | Spring Hill, FL 34608 | ElRemove |
| | | | |
| AHBR | Alier RIVERD NUNEZ | 84/1 Vicksburg Road | □Add |
| | | Spring Hill, FL 3/608 | □Remove |
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| Dated November 3 2021. Signature of a member or authorized representative of a member | . If amending any other | $A \cap A$ | 1 / | | • • |
|---|--|--|--|-----------------------------|-----------------------------------|
| Effective date, if other than the date of filing: [If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Content) Mate: If the date inserted in his block does not meet the applicable statutory filing requirements, this date will not be listed as if document's effective date on the Department of State's records. The record 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 ord is filed. Dated NOUMBUY 29 Signature of a member of authorized representative of a member | Dlease | add Sel | and La | st name | 20240: 33 |
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| Dated NOVEM buy 2-9. 2021. Signature of a member or authorized representative of a member | (If an effective date is listed, th Note: If the date inserted | e date must be specific and c in this block does not me | cannot be prior to date of cet the applicable statu | filing or more than 90 days | after filing.) Pursuant to 605.02 |
| Signature of a member or authorized representative of a member | ord is filed. | | | 2:01 a.m. on the earlier of | of: (b) The 90th day after th |
| Signature of a member or authorized representative of a member | Dated NOVEM 5 | 'ur 29. | 2021 | P | |
| alcharp 1, Ml. n p | | | 1 V -> | resentative of a member | |
| YUNORDY NUNCZ BOXCZS Typed or printed name of signee | | lunerdy | Nunez | BOXGES | |

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