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COVER LETTER

TO:

	stration Section of Corp			
	Lock and L	oad Haulers, LLC	•	
SUBJECT: _	ļ <u>.</u>	Name of Lim	ted Liability Company	
The enclosed a	Articles of A	Amendment and fee(s) are sub	nitted for tiling.	
Please return a	ill correspo	ndence concerning this matter	to the following:	
		Bruce Niefeld		
			Name of Person	
		Bruce Niefeld Group, LLC		
			Firm/Company	202
		9521 NW 8TH ST		1. 3. Jr.
			Address	1022 JUL -5
		PEMBROKE PINES, FL.	3024	
		bruce9521@gmail.com	City/State and Zip Code	AM 8:53
		E-mail address: (o be used for future annual report notification	
For further inf	ormation co	oncerning this matter, please ca	ill:	
BRUCE NIEI	FELD		954 614-3266	
	Name of	Person	Area Code Daytime Tele	ephone Number
Enclosed is a c	check for th	ne following amount:		
■ \$25,00 Fil	ling 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)
Regi	ing Addressistration S	Section	Street Address: Registration Section	
	sion of C Box 632	orporations 7	Division of Corpora The Centre of Talla	
_	ahassee, l		2415 N. Monroe St	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

LOCK AND LOAD HAULERS, LLC

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	iability Company)	_	
e Articles of Organization for this Limited Liability Company were filed on and assigned and assigned			
Florida document number <u>L21000412551</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
Bruce Niefeld Group, LLC			
he new name must be distinguishable and contain the words "Limited Liability"	ty Company," the designation "LLC	m or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		022	
		5.5	
Enter new mailing address, if applicable:		111. A [1]	
Mailing address MAY BE A POST OFFICE BOX)		5- a C	
Shiring address (A. 11 M2.11 WAT VI TTCL IVAL)		- 53 - 53	
		<u> </u>	
3. If amending the registered agent and/or registered office adgent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>enter</u>	the name of the new regist	
New Registered Office Address:			
the street of th	Enter Florida street address		
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			
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Effec	date, if other than the date of filing:	(optional)	
(If an el Note:	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 dathed date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	ys after filing.) Pursuant to 6	
the reco cord is f	specifies a delayed effective date, but not an effective time, at $12:\!01$ a.m. on the earlie	r of: (b) The 90th day al	fter the
Dated	June 30 2002		

Typed or printed name of signee