## LZ1000439016

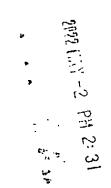
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## **COVER LETTER**

TO:	Registration Security Division of Cor							
SUBJI	ECT: <u>AM-HX I</u>	RUCKING, LLC Name of Limi	ited Liability Company					
The en	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.					
Please	return all correspo	ndence concerning this matter	to the following:					
		Corpora	ate Maintenance Le	ad				
	Processing Department							
	1450 Vassar St							
			Address					
	Reno, NV 89502  City/State and Zip Code							
		E-mail address: (	to be used for future annual report noti	fication)				
For fu	rther information c	oncerning this matter, please ca	all:					
	Process	ing Department	at ( 800 ) 638-2320					
	Name o	f Person	Area Code Daytim	e Telephone Number				
Enclos	sed is a check for th	ne following amount:						
☑ \$2	5.00 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)				
	•	ING ADDRESS:	STREET/COURI					

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AM-HX TRUCK	
(Name of the Limited Liability Company a (A Florida Limited Liab	as it now appears on our records.) thty Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L21000439016</u> .	re filed on 10/07/21 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	v company here:
The new name must be distinguishable and contain the words "Limited Liability (	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del> </del>
(Principal office address MUST BE A STREET ADDRESS)	
<u>-</u>	1922
	•
Enter new mailing address, if applicable:	P 1
(Mailing address MAY BE A POST OFFICE BOX)	
	~)
	<del>င့</del> ် ပ
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records, enter the name of the n
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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 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>	Name	Address	Type of Action
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		Palm Harbor	☑ Remove
		FL, 34683	☐ Change
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record specifies a de	elaved effect	ive date.	but not	an effecti	ve time. at	12:01 a.	m. on th	ne earlier
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