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T. MATTHEWS NOV -4 2021

## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Div	ision of Cor	porations		
CHD IECT.	Karl Trucki	ing LLC		
SUBJECT:	•	Name of Lim	ited Liability Company	
The analoga	d Aminhaa af	Amandaran and Coda) are sub-	mitted for Clina	
The encrosed	a Articles of	Amendment and fee(s) are sub	mitted for ming.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Karlheinz Gracia		
			Name of Person	
		Karl Trucking		
			Firm/Company	
		2750 NW 44st		
			Address	
		Oakland Park, Florida 3330	09	
			City/State and Zip Code	
		KarlheinzGracia@gmail.com		
			to be used for future annual report no	tification)
For further is	nformation c	oncerning this matter, please ca	all:	
Karlheinz G	гасіа		954 5360177 at ()	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a	a check for th	ne following amount:		
<b>≡</b> \$25.00 I	filing Fee	☐ \$30.00 Fiting Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres gistration S		Street Address: Registration Se	ection
	-	forporations	Division of Co	
	D. Box 632	-	The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Karl Trucking LLC

21 OCT 25 PH 1: 08

(Name of the Lin	ited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited Florida document number 1,2000443351	Liability Company were filed o	n Karl Trucking LLC and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability compar	ny 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 appl	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICI</u>	<u></u>	
B. If amending the registered agent and/or the new registered office addr  Name of New Registered Agent:		our records, <u>enter the name of the new reg</u>
New Registered Office Address:	2750 Nw 44st apt 803	
new registered contex address.	Ente	r Florida street address
	Oakland	, Florida 33309
	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 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

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<u>Title</u>	Name	Address 21 007 25 PA 1: 00	Type of Action
MGR	Karlheinz Gracia	2750 NW 44st apt 803	<b>≡</b> Add
		Oakland Park, Florida, 33309	□Remove
			□Change
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		<del></del>	□Remove
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ote: If the date inserted in	dan the date of filing:  date must be specific and cannot be this block does not meet the a n the Department of State's rec	pplicable statutory filing	( <b>optiona</b> e than 90 days after fili requirements, this da	ig.) Pursuant to 605,0207 (3
ecord specifies a delayed is filed.	effective date, but not an effect	tive time, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
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<u></u>	Korls	printed name of signee	xia_	

Filing Fee: \$25.00