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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RUBI TRUCKLING, LLC

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APR 26 PH 1:

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T. LEMIEUX APR 2 7 2022

2022 APR 26 FF. 4:31

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| RUBI TRUKIING LLC | | |
|--|--|--|
| (Name of the Limited Liability Comp (A Florida Limited | any as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number L21000447981 | | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| RUBI TRUCKING LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the | ne abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 4394-20NORTH EAST | |
| (Principal office address MUST BE A STREET ADDRESS) | NAPLES, FL 34120 | |
| | | |
| Enter new mailing address, if applicable: | SAME | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the n | same of the new registered |
| Name of New Registered Agent: | <i>®</i> | <u>>> 28 </u> |
| New Registered Office Address: | | 22 A |
| | Enter Florida street address , Florida | FILED APR 26 OF 1: |
| | City | Zip Ople |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and ! a provided for in Chapter 605, F.S. (| m familiar with and Or, if this document is |

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 addeu or removed from our records:

| If amending Authorized Person(s) author removed from our records: | iorized to manage, gives in a | |
|---|-------------------------------|------------|
| MGR = Manager AMBR = Authorized Member | | |
| Nama | <u>Address</u> | Type of Ac |

| Title | Name | Address | Type of Action |
|-------|------|---------|----------------|
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| | any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| ore: u me 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 605.00 e inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ective date on the Department of State's records. |
| record specific is filed. | is a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t |
| ated | Thuy Ven Ai |
| | Signature of a member or authorized representative of a member |

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