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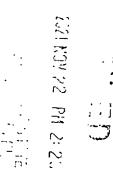
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A. BUTLER
DEC - 8 2021

COVER LETTER

Registration Section

TO:

Div	rision of Cor	porations		
cun incr.	GRIFFIN T	RUCKS AND YARD, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		YOSLEN LEON		
			Name of Person	<u>.</u>
			Firm/Company	
		4250 SW 59 AVENUE		
			Address	
		DAVIE, FLORIDA 33314		
		LEONJAY@ME.COM	City/State and Zip Code	
			to be used for future annual report not	fication)
For further i	nformation c	oncerning this matter, please c	all:	
YOSLEN L	EON		786 495-7297	
	Name o	f Person		e Telephone Number
Enclosed is a	a check for th	ne following amount:		
≡ \$25.00 I	Filing Fee	S30.00 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)
Re Div P.C	iling Addres gistration S vision of C D. Box 632 Ilahassee, I	Section orporations 7	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRIFFIN TRUCKS AND YARD, LLC

2021 NOV 22 PM 2: 25

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab	oility Company	were filed on 11/09/20	21 have and assigned
Florida document number L21000479727	·		
This amendment is submitted to amend the follow	zing:		
A. If amending name, enter the new name of t	he limited liab	ility company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:	4250 SW 59 Avenue	
(Principal office address MUST BE A STREET ADDRESS)		Davie, Florida 33314	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Davic, Florida 33314	s, enter the name of the new registered
agent and/or the new registered office address	••	audiess on var record	s, effect the name of the new regions
Name of New Registered Agent:			
New Registered Office Address:	4250 SW 59 A	venue Enter Florida str	vet address
	Davie		, Florida 33314
		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:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		<u> </u>	□Add
			□Remove
			Change
			□Remove
			□Change
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	\$250 SW 59 Avenue, Davie, Florida 33314
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Foot	ive date, if other than the date of filing: (optional)
an efi <u>ote:</u>	ictive 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
ecor is fi	d 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 led.
ated	November 17, 2021

Typed or printed name of signee