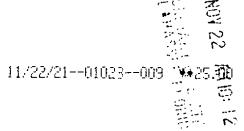
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## **COVER LETTER**

Registration Section

TO:

Division of Cor	porations		•
Fast Conne SUBJECT:	etions Trucking, LLC		¥
SOBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jose A Oliva		
		Name of Person	
	Fast Connections Trucking	, LLC	
		Firm/Company	
	8301 SW 99th Court		
		Address	
	Miami, FL 33173		
	-	City/State and Zip Code	
	joseoliva0178@gmail.com		
	E-mail address: (	to be used for future annual report not	itication)
For further information of	oncerning this matter, please c	all:	
Jose A Oliva		305 3990404	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the			
■ \$25.00 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)
Mailing Addres	<u> </u>	Street Address:	
Registration :	Section	Registration Se	
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee,	CL 34314	Z4 EO IN, IMIONTO	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fast Connections Trucking, LLC (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 Liability Company were filed on 11/05/2021 \_ and assigned Florida document number 1.21000480029 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida CuvNew 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>	<u>Name</u>	Address	Type of Action
MGR	Jose A. Oliva	8301 SW 99th Court, Miami, FL 33173	■Add
			□ Change
AMBR	Jose A. Oliva	8301 SW 99th Court, Miami, FL 33173	<b>=</b> Add
			☐ Add ☐ Remove ☐ Change V 99th Court, Miami, FL 33173 ☐ Add
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Filing Fee: \$25.00