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## **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT: Holley	POCK Trucking   Name of Lin	nited Liability Company	· 
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	William B. All	ex contect Name of Person	••••
	Hollogrock	Trucking LLC Firm/Company	
•	1656 Monte	cito Ale: Address	
	Deltona, Fl La lexander E-mail address:	32738 City/State and Zip Code 2003 O y whoo. Co to be used for future annual report notifi	fication)
For further information c	oncerning this matter, please c	all:	
Auther L. H	olley Jr. f Person	at ( <u>407</u> ) <u>486 - 3</u> Area Code Daytimo	2709 e Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing 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)

TO:

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Holleyrock Trucking 1	<u></u>			
Holley Cock Trucking 1 (Name of the Limited Liability Co. (A Florida Lin	ompany as it now appears on ited Liability Company)	<u>n our records.</u> )		
The Articles of Organization for this Limited Liability Com			and as	signed
Florida document number <u>L 21000 48 25 14</u> .				
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 desig	anation "LLC" or the	abbreviation "L	IC."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>			<del> </del>
	<del></del>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>			<del></del>
B. If amending the registered agent and/or registered of	Tice address on our reco	ords, enter the na	ime of the ne	w register <i>e</i>
agent and/or the new registered office address here:				
			2021 DE	
Name of New Registered Agent:	<del></del>		, C	·
New Registered Office Address:			· ·	
THE TREE PROPERTY OF THE PROPE	Enter Florida	street address	ः <u>भ</u>	
		, Florida	AH IO:	
	City	, 2 101104 _	-Kip Code	
New Registered Agent's Signature, if changing Registered A	gent:		* 4	

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	Author L. Holley Jr.	4804 Deauville Dr.	<b></b>
		Orlando, Fl 32808	□Remove
			□Change
			🗆 Add
		<del></del>	□Remove
			□ Change
			□Add
			□Remove
		<del>.</del>	Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
		· · · ·	□ Change
			□ Add
			□Remove
			□Change

	<del></del>
(If an ef Note:	tive date, if other than the date of filing:
f the reco ecord is f	rd 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 iled.
Dated	30th day of November 2021.
	30th day of November. 2021.  William B. allegander  Signature of a member or authorized representative of a member
	William B. Alexander Typed or printed name of signee