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(Requestor's Na	nme)
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PICK-UP WAIT	T MAIL
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Certified Copies Certifie	cates of Status
Special Instructions to Filing Officer	:

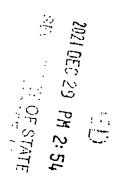
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A. RIVERS JAN 1 3 2022



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COVER LETTER

	egistration Selivision of Col			
CHD IE/TI		"S TRUCKING LLC		
SUBJECT	` <u></u>	Name of Lin	nited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for tiling.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		EDDY RIVERO		
		-	Name of Person	
		MGR		
			Firm/Company	
		4081 32ND AVE SW		
			Address	
		NAPLES, FL 34116		
		RIVEDDY@AOL.COM	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	otification)
For further	information c	oncerning this matter, please c	all:	
EDDY RI	VERO		239 595-5626	
	Name o	f Person	at () Area Code Dayti	me 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 tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B.A EDDY S TRUCKING LLC	
(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u> </u>)
The Articles of Organization for this Limited Liability Company were filed on FLORIDA Florida document number $\frac{L21000503678}{L21000503678}$	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
B.A. EDDY'S TRUCKING, LLC	
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 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 registered agent and/or the new registered office address here: Name of New Registered Agent:	s, enter the name of the n
Name of New Registered Agent.	. 1/2
New Registered Office Address:	9 P
Enter Florida street addres.	아 아 아 아 아 아 아 아 아 아 아 아 아 아 아 아 아 아 아
City	>7.ip (5) te
New Desirement Assess Class Asset Co. 10 10 10 10 10 10 10 10 10 10 10 10 10	

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.

New Registered Agent's Signature, if changing Registered Agent:

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
			
			Change
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		<u></u>	□ Remove
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Effective da	te, if other than	the date of fil	ling:	_ <u></u>	(optic	onal)
						filing.) Pursuant to 605.0207 date will not be listed as
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	specifies a dela day after the			ot an effective (time, at 12:01 a	.m. on the earlier of
12/16 Dated	/2021 /7		01:00PM			
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee