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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration S Division of Co			
		PMENT LLC, a Florida limite	d liability company
SUBJECT:	Name of Lir	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Travis Morock		
		Name of Person	
	Carver Darden		
		Firm/Company	<del></del> _
	151 W Main Street, Suite	200	
		Address	
	Pensacola, FL 32502		
		City/State and Zip Code	
	mohammedalselwadi@yah E-mail address:	oo.com to be used for future annual report	notification)
For further information of	concerning this matter, please c		
Travis Morock		850 266-230	0
Name o	f Person	at () Area Code Da	ytime Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 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)
Mailing Addres		Street Address	
Registration S Division of C		Registration Division of (	Section Corporations
P.O. Box 632			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HULK'S HAULING & LAND D			1
(Name of the Lim	ited Liability Company (A Florida Limited Lial	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited	Liability Company w	ere filed on November 30, 2021	and assigned
Florida document number L21000507258	,		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liabilit	v company here:	
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 appli	cable:		
(Principal office address MUST BE A STREET ADDRESS)			24
			US -
		·	2 =
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>			
			<u> </u>
	_		<u>\$</u>
			<i>&gt;</i> ₹
B. If amending the registered agent and/or agent and/or the new registered office address.	_	lress on our records, <u>enter the</u>	name of the new register
Name of New Registered Agent:	Mohammed Al-Se	lwadi	
New Registered Office Address:	1930 Adirondack	ive	
New Registered Office Futuress.		Enter Florida street address	
	Pensacola	Florid	la 32514
	****	City , 1 10110	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 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	Waleed Qader	8515 Jemigan Road	□Add
		Pensacola, FL 32514	■Remove
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ote: [	te date, if other than the date of filing:
record is file	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 d.
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ated _	July 29, 2024.
ated _	Signature of a member or authorized representative of a member