L21000519438

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

Registration Section

TO:

| Div | ision of Cor | porations | | | | | |
|--------------------|--|--|--|---|--------------|----------------------|--|
| eun men | Trucker Plu | s Services LLC | | | | | |
| SUBJECT: | | Name of Lim | ited Liability Company | | | | |
| The enclosed | l Articles of | Amendment and fee(s) are sub | mitted for filing. | | | | |
| Please return | all correspo | ndence concerning this matter | to the following: | | | | |
| | | MORALES, JOHANNA | | | | | |
| | | | Name of Person | | _ | | |
| | | | Firm/Company | | <u> </u> | | |
| | | 941 NW 59TH AVE | | | | | |
| | | | Address | | — चाँक | 202 | |
| | | OCALA, FL 34482 | | | 28 | 2 NO: | |
| | | | City/State and Zip Code | | | 1 7 | |
| | | maria.truckerplus@gmail.ed | om to be used for future annual report noti | tication) | , | <u> </u> | |
| For further in | iformation c | oncerning this matter, please ca | | neation) | 7377 7077 | 2022 NOT 17 RH 10: 2 | |
| Johanna Moi | | one on the state of the state of | 405 777-1691 | | 117 | | |
| | | | at () | <u></u> | | = | |
| | Name o | f Person | Area Code Daytim | e Telephone Numb | er | | |
| Enclosed is a | check for th | ne following amount: | | | | | |
| ≡ \$25.00 F | Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certifie | ate of St | atus & | |
| Reg Div P.C | iling Addres gistration S vision of C D. Box 632 lahassee, I | Section orporations 7 | Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL | porations fallahassee e Street, Suite | 810 | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Truckers Plus Services LLC | | | | |
|---|---|-------------------|----------------|----------|
| (<u>Name of the Limited Liability Company</u> (A Florida Limited Liab | as it now appears on our records.) offity Company) | | | |
| Γhe Articles of Organization for this Limited Liability Company we | ere filed on 01/01/2022 | | and as | signed |
| Florida document number L21000519438 | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liability | y company here: | | | |
| The new name must be distinguishable and contain the words "Limited Liability | Company," the designation "LLC" or | the abbrevi | ation "L | .L.C." |
| Enter new principal offices address, if applicable: | | | | |
| Principal office address MUST BE A STREET ADDRESS) | | <u>い</u> - 27 | 207 | |
| | | | 20/2 HOV | |
| _ | | 25 | | ~ P3 |
| 9 | | 6.5 | 7 | |
| Inter new mailing address, if applicable: | | | ::2 | |
| Mailing address MAY BE A POST OFFICE BOX) | | (1) ₂₂ | - 5 | 1 1 |
| - | | | ~ | |
| 8. If amending the registered agent and/or registered office add gent and/or the new registered office address here: Name of New Registered Agent: | lress on our records, <u>enter the</u> | e name of | the ne | w regist |
| New Registered Office Address: | Enter Florida street address | | | |
| | . Floric | da | | |
| · · · · · · · · · · · · · · · · · · · | City . T 101 to | | ip 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> | <u>Address</u> | Type of Action |
|--------------|---------------|-----------------|--|
| MGR | Maria Ramirez | 941 NW 59th Ave | ≣ Add |
| | | Ocala, FL 34482 | |
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| ective date, if other than the c | late of filing: | (optio | nal) | |
| effective date is listed, the date must | be specific and cannot be prior to date of f ck does not meet the applicable statut | iling or more than 90 days after | filing.) Pursuant to 6 | 05.020 |
| rument's effective date on the De | | tory ming requirements, this | date will not be if | isted a |
| | | | | |
| cord specifies a delayed effective s filed. | date, but not an effective time, at 12: | 01 a.m. on the earlier of: (b) | The 90th day af | fter the |
| s med. | | | | |
| | 2022 | | | |
| November, 4 | , | | | |
| ed November, 4 | · | | | |

EU: E 035.00