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## **COVER LETTER**

Section Corporations		
J&D GLOSAN TR	RuckING LLC	
Name of Li	mited Liability Company	
of Amendment and fee(s) are su	ibmitted for filing.	
spondence concerning this matte	r to the following:	
Jose Luc Mute		
	Name of Person	
<u> </u>	D SPIEDY TRUCK I CC. Firm/Company	
11870 Hiulenh (	anders Bhd Ste 129B #- 2	gi
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		ification)
concerning this matter, please c	rall:	
Mess Romans of Person	at ( <u>786</u> ) <u>843 - 7</u> Area Code Daytin	780 ne Telephone Number
the following amount:		
□ \$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 radditional copy is enclosed)
Section Corporations 27		porations fallahassee e Street, Suite 810
	Toolus  Toolus  E-mail address:  I concerning this matter, please of Person  The following amount:  S30.00 Filing Fee &	Section  Sep GLOS AS TRUCKING LLC  Name of Limited Liability Company  of Amendment and fee(s) are submitted for filing.  spondence concerning this matter to the following:    Jose Luic Matess Remain

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co (A Florida Lim	OF TRUCK LLC ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>122660687<b>\$</b>95</u> . This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited	pany were filed on 12/23/2021 The assigned
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abbraviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Francis Aug Apt 218  The Accountie F1 32217
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	# 11870 Hulenh Graden 31ml ste1243
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ice address on our records, enter the name of the new registered
Name of New Registered Agent:	Dose Lins Huters Romany
New Registered Office Address:	7200 Powas Are Apt 218  Enter Florida street address
	Jacksonselie Florida 32217 City 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
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