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TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: ! MCGTER Truc	King LLC.
Name	of Limited Liability Company
The enclosed Articles of Amendment and fee(s) a	are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Ga	rvi MeGree
	Name of Person
Mc Ge	Pirm/Company
	Firm/Comparty
622 F	ilmore Street # 137A
	Address
Cirange	City/State and Zip Code
	City/State and Zip Code
- UCV VI VE-mail ad	magel a jaha. com dress: (table used for future annual report notification)
For further information concerning this matter, p	
Consider ANCO	76: 1:01: 2:17
Name of Person	at (780) WHO - 3267 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee S30.00 Filing Fee	& ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.
Certificate of Sta	
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MUTER MUCKING	·	
(Name of the Limited Liability Compa	ndy as it now appears on our records.) Eiability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	Julaa	A SECONDARY SIGNED TO SECONDARY SIGNED SECONDARY SIGNED SIGNED SECONDARY SIGNED SIGNED SECONDARY SIGNED SECONDARY SIGNED SECONDARY SIGNED SECONDARY SIGNED SECONDARY S
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	0: 09
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.J. C."
Enter new principal offices address, if applicable:	GAZ FILMORES	treet
(Principal office address MUST BE A STREET ADDRESS)	Crange Park, Fl	37065
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	402 Filmore S	treet
	Orange Park, Fl	32065
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	ime of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	· [·
I hereby accept the appointment as registered agent and agr	ree to act in this capacity. I further o	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>	Address	Type of Action
Mar	Gayvi McGee.	LOZZ Filmore Street #13	1A DAdd
		Loga Filmore Street #13° Ovange Park, FI 32065	□Remove
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	a delayed effectiv						The 90th day af	ter the
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