(Re	equestor's Name)				
(Ad	ldress)	<del>, , ,</del>			
(Ad	idress)				
<del></del>		,			
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
_ <del></del>					
(Bu	isiness Entity Nan	ne)			
(De	cument Number)				
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
J. HORNE					
APR 2.7 2022					
	<del></del>				

Office Use Only



800386593408

04/27/22--01001--001 \*\*25.00

2022 APR 26 PM 3: 07 2022 APR 26 AM 9: 38

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Art of Inc. File	<u>-</u>		
LTD Partnership File	Three Trucks LLO	C	
LTD Partnership File			
LTD Partnership File			
LTD Partnership File			_
LTD Partnership File			
Foreign Corp. File			Art of Inc. File
L.C. File			LTD Partnership File
Fictitious Name File			Foreign Corp. File
Trade/Service Mark  Merger File  Art. of Amend. File  RA Resignation  Dissolution / Withdrawal  Annual Report / Reinstatement  Cert. Copy  Photo Copy  Certificate of Good Standing  Certificate of Status  Certificate of Fictitious Name  Corp Record Search  Officer Search  Fictitious Search  Fictitious Owner Search  Driving Record  Requested by: SETH  Name  Date  Time  UCC 11 Search  UCC 11 Search  UCC 11 Search  UCC 11 Retrieval  Walk-In  Will Pick Up  Courier			L.C. File
Merger File			Fictitious Name File
Art. of Amend. File			Trade/Service Mark
RA Resignation			Merger File
Dissolution / Withdrawal			Art. of Amend. File
Annual Report / Reinstatement   Cert. Copy   Photo Copy   Photo Copy   Certificate of Good Standing   Certificate of Fictitious Name   Corp Record Search   Officer Search   Fictitious Search   Fictitious Search   Fictitious Owner Search   Oriving Record   Driving Record   UCC 1 or 3 File   UCC 11 Search   UCC 11 Retrieval   UCC 11 R			RA Resignation
Cert. Copy     Photo Copy     Photo Copy     Certificate of Good Standing     Certificate of Status     Certificate of Fictitious Name     Corp Record Search     Officer Search     Fictitious Search     Fictitious Owner Search     Vehicle Search     Vehicle Search     Driving Record     UCC 1 or 3 File     UCC 11 Search   UCC 11 Search   UCC 11 Retrieval     UCC 11 Retrie			Dissolution / Withdrawal
Photo Copy			Annual Report / Reinstatement
Certificate of Good Standing   Certificate of Status			Cert. Copy
Certificate of Status   Certificate of Fictitious Name   Corp Record Search   Officer Search   Fictitious Search   Fictitious Search   Vehicle Search   Driving Record   Driving Record   UCC 1 or 3 File   UCC 11 Search   UCC 11 Retrieval   UCC 11 Retrieval   Courier   Courie			Photo Copy
Certificate of Fictitious Name			Certificate of Good Standing
Corp Record Search			Certificate of Status
Officer Search			Certificate of Fictitious Name
Fictitious Search			Corp Record Search
Fictitious Owner Search			Officer Search
Vehicle Search			Fictitious Search
Vehicle Search	Signature		Fictitious Owner Search
UCC   or 3 File    Name	5.6		Vehicle Search
Date   Time   UCC     Search   UCC   UCC     Search   UCC	<u></u>		Driving Record
Name         Date         Time	Requested by: SETH		UCC 1 or 3 File
Walk-In         UCC 11 Retrieval           Courier         Courier	Name	Date Time	UCC 11 Search
	ivalife	Date Time	UCC 11 Retrieval
	•		Courier

### **COVER LETTER**

Tallahassee, FL 32314

	Registration So Division of Cor								
CUDUCA		UCKS LLC							
SUBJECT: Name of Limited Liability Company									
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing						
		ondence concerning this matter	_						
		JESSICA MOLINA							
		-	Name of Person	<del></del>					
		TIBER SERVICES LLC							
		·-·	Firm/Company	<del></del>					
		1915 Harrison Street 2nd f	loor						
			Address	<del> </del>					
		Hollywood, FL, 33020							
		clients@tiberservices.com	City/State and Zip Code						
For furth	er information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report noti all:	fication)					
JESSICA	A MOLINA		954 7444051						
Name of Person		at () Area Code Daytim	e Telephone Number						
Enclosed	is a check for th	ne following amount:							
□ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					
	Mailing Addres Registration S	Section	Street Address: Registration Sec						
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** 

	OF		<b>202</b> 8 2 4 1 A
THREE TRUCKS LLC			FILT 2022 APR 26 TALLANDASS
	Liability Company as it	now appears on our records.)	- <del> </del>
λ)	Florida Limited Liability	now appears on our records.) Company)	SSE OF T
The Articles of Organization for this Limited Liab	ility Compony ware	ited on February 3, 2022	and assigned
	inty Company were	ned on	
Florida document number 1.22000038773	·		38
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	se limited liability o	mnany horo	
A. It amending name, enter the new name of the	ic minited hability et	mpany nere.	
The new name must be distinguishable and contain the word	ls "Limited Liability Con	many "the decignation "LLC" or the	he abbreviation "L. I. C."
The first the transfer and contain the transfer	iv immed maoning con	party, me designation time of the	ic abbreviation factors.
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET.	ADDRESS)		<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	)X)		
	<del></del> -		
B. If amending the registered agent and/or reg	istered office addres	s on our records, enter the i	name of the new registered
agent and/or the new registered office address l			
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	<del></del>	Enter Florida street address	
		T71 i. d .	
	Ci	, Florida y	I Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:		
I hereby accept the appointment as registered a		est in this convenies. I further	e agrees to someth with the
provisions of all statutes relative to the proper			
accept the obligations of my position as registe			

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>	<u>Address</u>	Type of Action
MGR	M360 MANAGEMENT LLC	1915 Harrison Street 2nd floor, Hollywood, FL, 3302	0 □Add
			_ <b>≅</b> Remove
			_ Change
MGR	TIBER SERVICES LLC	1915 Harrison Street 2nd floor, Hollywood, FL, 3302	0 _ ≣Add
			_ Remove
			_ □Change
			_ □∧dd
		<del></del>	_ □Remove
			_ Change
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			□Change

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			<del>.</del>							<del>_</del>
n effective ote: If the	ate, if other date is listed, to date inserte effective dat	the date mu: d in this bl	st be specific ock does n	and canno ot meet th	t be prior to d e applicable	ate of filing	or more than filing requir	(option 90 days after frements, this	n <b>al)</b> iling.) Pursuant t date will not b	to 605.0207 e listed as
ecord specis filed.	ifies a delay	ed effectiv	e date, but	not an eff	ective time,	at 12:01 a	i.m. on the e	earlier of: (b)	The 90th day	after the
	26				2	d	Λ			
ted							/ U			
ted April			Signature o	l'a membe	r or authorize	d represent	ative of a me	mber		_

Filing Fee: \$25.00

#### **COVER LETTER**

TO: Registration Section

Division of Cor	porations			
	RUCKS LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	JESSICA MOLINA			
		Name of Person		
	TIBER SERVICES LLC			
		Firm/Company	<del></del>	
	1915 Harrison Street 2nd t	loor		
		Address		
	Hollywood, FL, 33020			
		City/State and Zip Code	-	
	clients@tiberservices.com  E-mail address: (	to be used for luture annual report no	tification)	
For further information e	oncerning this matter, please c	·		
JESSICA MOLINA		954 7444051		
Name of Person		at () Area Code Daytir	ne 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 (additional copy is enclosed).	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section		<u>Street Address:</u> Registration So	ection	
Division of C P.O. Box 632		Division of Corporations		
Tallahassee, I		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303