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Certified Copies	Certificates o	of Status
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COVER LETTER

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Registration Section Division of Corporations

SUBJECT: CLEAR PATH TRUCKING LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
David Charles Faison Jr. Name of Person
ClearPath Trucking LLC Firm/Company
1541 Clark St.
Clearwater FL 33755 City/State and Zip Code CPTRUCKING 7278 gmail. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David C. Faison Jr. at 707 804-8192 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytille Pelephone (vulne)
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certificate Of Status □ \$55.00 Filing Fee & Certificate Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLEARPATH IRUCK				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L 22000048624</u>	were filed on 01/27/2025	and assig	şned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the ab	previation "L.L	.C."	-
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				-
		<u> </u>		-
Enter new mailing address, if applicable:		<u>.</u>		-
(Mailing address MAY BE A POST OFFICE BOX)		 		-
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the nam</u>	e of the new	registe	ered
		LA LA	ET .	· · · · ·
Name of New Registered Agent:		<u> </u>	$\frac{\omega}{-}$	
New Registered Office Address:		<u>က်ပု</u>	PM 4:	; <u>;</u>
	Enter Florida street address	STA	կ։ 2	ب
	, Florida	Zip Code	<u>~~~~</u>	-
	5 DE			

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>	Name	Address	Type of Action
MGR	David C. Faison Sr.	Newport Richey, Fr 346	54 MAD
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Filing Fee: \$25.00