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FALL ALLESSEE FL

A. BUTLER MAR 3 - 2022

COVER LETTER

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TO: Registration S Division of Co			
subject: <u>DM</u> (1 trucking	ted 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:	
	Dennis	Suarez Name of Person	
		Firm/Company	
	1526 Hav	iland Ave S	
	Lehigh a	cres F/ 339	73
	mildrey c b 87	City/State and Zip Code O C MOL CON to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	4	
Dennis	Suarez f Person	at (786) 320 Area Code Daytim	- Z687 e Telephone Number
Enclosed is a check for the	ne following amount:		
X\$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
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED The Articles of Organization for this Limited Liability Company were filed on 02 Florida document number <u>12200056456</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 526 Haviland Ave Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

City

Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the titl and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Dennis Suarez	1526 Haviland ave Slehigh aure FL 33973	S XAdd
			□Change
			□Add
			□Remove
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). If ame	onding any other information, enter change(s) here: (Attach additional sheets, if necessary.) On Article III the name is correct. The
_	·
(address of the registered agent is
_	526 Haviland Ave S Lehigh Acres, FL 33973
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Effectiv	re date, if other than the date of filing: (optional)
(If an effe Note:	etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docume	nt's effective date on the Department of State's records.
ne record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 t.m. on the earlier of: (b) The 90th day after the d.
Dated_	February 16th 2022
	Signature of a member or authorized representative of a member
	Dennis Suarez Typed or printed name of signee
	Typed or printed name of signee