L22000086630

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end icz		RANO TRUCKING LLC						
SUBJEC	Name of Limited Liability Company							
		Amendment and fee(s) are sub	•					
		GREISY SUAREZ						
			Name of Person					
		DIRECT SOLUTION SEI	RVICES			SI	207	
			Firm/Company		· - ·	TAR.	12 SI	
		1248 Viscaya Pkwy				LAH	ΞP -(
			Address			SSV 0 A	- C1	
		Cape Coral, FL 33990				SEE, F	2022 SEP -6 AM 10: 08	
		permits@directsolutionserv	City/State and Zip Code ices.com			产指	08	
		E-mail address: (to be used for future annual	report notification)				
For furth	er information o	concerning this matter, please c	all:					
GREISY	SUAREZ		239 44 at ()	43-5846				
	Name c	of Person	Area Code	Daytime Teleph	one Number			
Enclosed	is a check for t	he following amount:						
□ \$25,0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end		\$60.00 Fill Certificat Certified (additional)	e of Statu Copy		
	Mailing Addres		Street A Registr	ddress:				
	Division of C			on of Corporatio	\nc			

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R&D SERRANO TRUCKING LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{02/23/2022}{1}$ and assigned Florida document number _L22000086630 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." 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: Enter Florida street 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 eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability appany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

IT 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
AMBR	SERRANO.RANDY	1133 CROCUS ST	□Add
		LEHIGH ACRES, FL 33974	□Remove
			∃ Change
MGR	RODRIGUEZ ROBAU, DOLCRIS	1133 CROCUS ST	□Add
		LEHIGH ACRES, FL 33974	□Remove
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is filed	UGUST, 19		· >		·						
is filed	UGUST. 19	Signature	of a me		horized ren	resentative o	f a member				

Filing Fee: \$25.00