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2023 FEB -8 PH 2: 01 SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Se Division of Cor		•	• • • • • • • • • • • • • • • • • • •
SUBJECT:	Ado Trucks	ng Com-Pany ited Bibility Company	ll <u>e</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jean Adle	Name of Person	
	Ado Trucki	one Company Pany	lle
	100 E Pine sti	Address	2023 FEB SECRET
	orlando flo	ada, 32801	AHVI AHVI B-8
	Contact adot E-mail address:	City/State and Zip Code  Licking com bany Code  to be used footuture annual reportmotific	ARY OF STAT
For further information of	oncerning this matter, please ca		
Jean Holler Name o	Ne son	at ( <u>800</u> ) <u>513 55</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
№ S25.00 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		Street Address:	ion
Registration : Division of C		Registration Sect Division of Corp	
P.O. Box 632		The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(A Florida Limited Liability Company)	·		
The Articles of Organization for this Limited L	iability Company were filed on <u>C</u>	02-09-2022	and as	signed
Florida document number 02-09-2022	<u></u> .			
This amendment is submitted to amend the foll-	owing:			
A. If amending name, enter the new name o	f the limited liability company h	<u>ere</u> :		
The new name must be distinguishable and contain the w	vords "Limited Liability Company," the o	designation "LLC" or the	he abbreviation "L	.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)		<u> </u>	
Enter new mailing address, if applicable:			023FEB -8 I	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		PH 2: 01	Ü
B. If amending the registered agent and/or ragent and/or the new registered office addre	•••	ecords, <u>enter the i</u>	name of the ne	w registered
Name of New Registered Agent:				
New Registered Office Address:	100 E Tine Stra	rida street address	GII :	
	orlan do	, Florida	. 32 80	1

## 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.

Cin

Zip Code

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
MG-R_	Jean Adler Nelson	4505 laxe Marten In F	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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			Change
MGR	Jean Adler NElson	100 E Pine street suit 110	
		orlando Florida 32801	□Remove
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