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M. SOLOUTH

COVER LETTER

TO: Registration Section Division of Corporations Johns Brothers Hotshot LLC

SUBJECT:	Name of Limite	ed Liability Company	
	Amendment and fee(s) are subm		
Please return all correspo	indence concerning this matter to	the following:	
	Emily Conklin		
		Name of Person	
	New Business Filing LLC		
		Firm/Company	
	925 Congress Park Dr		
		Address	
	Dayton Ohio 45459		
		City/State and Zip Code	
	orders@newbusinessfiling.or		
	E-mail address: (to	be used for future annual report notif	ication)
For further information c	oncerning this matter, please cal	1:	ication)
Derema Stephens		386 302-7091	3+ ;
Name o	f Person		: Telephone Number
Enclosed is a check for the	he 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 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

Johns Brothers Holshot LLC (Name of the Limited Lia (A Flo	ability Company as it now appears on our records orida Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liabilit Florida document number 1.22000103689		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
Johns Brothers Trucking LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX	0	
(Maning address MAT BE A TOST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or regist agent and/or the new registered office address he		the name of the new registered
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida street addres.	·s
	, Flo	orida
	City	Zip Code
New Registered Agent's Signature, if changing Regis	stered 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.

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