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(Re	equestor's Name)	
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A. BUTLER APR 2 5 2022

COVER LETTER

.L.C			
Name of Limi	ited Liability Company	·	
endment and fee(s) are sub-	mitted for filing.		
nce concerning this matter	to the following:		
Jose H. Gonzalez			
	Name of Persor	1	
3DJ Trucking LLC			
No.	Firm/Company	,	
2503 Quail Ave			
	Address		
Jacksonvile FL 32218			
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			· · · · · · · · · · · · · · · · · · ·
	689	226-1657	
LYOH	Area Code	Daytime	Telephone Number
ollowing amount:			
■ \$30.00 Filing Fee & Certificate of Status	Certified Cor	ņy	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
rtion			tion
		•	
	Jose H. Gonzalez 3DJ Trucking LLC 2503 Quail Ave Jacksonvile FL 32218 joito512@yahoo.com E-mail address: (i) rerning this matter, please cases on following amount:	Name of Limited Liability Company mendment and feets) are submitted for tiling. Since concerning this matter to the following: Jose H. Gonzalez Name of Person 3DJ Trucking LLC Firm/Company 2503 Quail Ave Address Jacksonvile FL 32218 City/State and Zip Company E-mail address: (to be used for future and terming this matter, please call: at (area Code continued and company) Street Continued Company Street Continued Continued Continued Company Street Continued Contin	Name of Limited Liability Company rendment and feets) are submitted for filing. since concerning this matter to the following: Jose H. Genzalez

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

3DJ Trucking LLC

(Name of the Limited Liability Company as it now appears on our 4424 R 25 ATTI: 45
(A Florida Limited Liability Company)

TARY OF STATE AHASSE Fan Flassigned or the abbreviation "L.L.C."

ne name of the new registere
rida
Zip Code
- -

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 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>	<u>Address</u>	Type of Action
MGR	Jose Gonzalez	2503 Quail Ave	= Add
<u>:</u>			□Remove
			□Change
AP	Helga Aviles	916 Anchorage Ln Kissimmiee FL 34744	🗆 Add
			■Remove
			□Change
			□Add
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	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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<u>-</u>	
f an effect <u>Note:</u> H	date, if other than the date of filing:
record s d is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	4-25-22-
	Signature of a member or authorized representative of a member