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FALLAFÄSSEEL FLORIDA

SEP 2 7 2022 S. PRATHER

COVER LETTER

TO:

Registration Section Division of Corporations

UBJECT: Back in Black Trucking LLC Name of Limited Liability Company
the enclosed Articles of Amendment and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
Back in Black Trucking LLC Firm/Company
Firm/Company 2230 SW Tampico St Address
Port St Lucie, FL, 34953 City/State and Zip Code Dack in biack training II C (1) gma: 1. com E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Name of Person at (772) 801-8711 Area Code Daytime Telephone Number
inclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Back in Black 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 March 21st, 202	\mathcal{L} and ass	igned
Florida document number <u>L 22000 137 443</u> .	<u>=</u> 1	~3
This amendment is submitted to amend the following:	F	
A. If amending name, enter the new name of the limited liability company here:	J741 (7) (7)	
Back in Black Training LLC	[T] -	5 P
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abl	oreviatjoh∂L. ⊖ ;	rrei . T
Enter new principal offices address, if applicable:		 <u>ట</u>
(Principal office address MUST BE A STREET ADDRESS)	; ·•	
Parameter and the second of another than		
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 namagent and/or the new registered office address here:	e of the ney	<u>v registere</u>
Name of New Registered Agent:		
N. D. Carried COFF of A Married		
New Registered Office Address: Enter Florida street address		
. Florida		
City	Zip Code	
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 agr provisions of all statutes relative to the proper and complete performance of my duties, and I am fo accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or,	amiliar wit if this docu	th and iment is
being filed to merely reflect a change in the registered office address. I hereby confirm that the lim company has been notified in writing of this change.	ited liabili	îty

If Changing Registered Agent, Signature of New Registered Agent

If amending Aúthorized.Person(s) authorized to manage, <u>enter the title, name, and address of each person_being adde or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			☐ Change
			Remove
			□ Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			Change
			Remove
			□Change

	ng any other information, enter change(s) here: (Attach additional sheets, if necessar	アノ	
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	ouching as well as physical train		
	and lifestyle improvement. I will als	en he	
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