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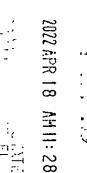
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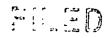
Tallahassee, FL 32314

	egistration Se ivision of Cor						
eun tezer	Nature Coast Hauling and Tractor Services LLC						
SUBJECT	Name of Limited Liability Company						
The enclos	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.				
Please retu	rn all correspo	ndence concerning this matter	to the following:				
		Laura Moore					
			Name of Person	- -			
		Nature Coast Hauling and	Tractor Services LLC				
		Firm/Company					
		6035 Sandra Drive					
	Address						
		Weeki Wachee, FL 34607					
		City/State and Zip Code					
		lmariemr@yahoo.com	to be used for future annual report n	otification)			
For further	information c	oncerning this matter, please co	·				
Laura Mo	ore		813 714-4083				
	Name o	f Person	at () Area Code Dayt	ime Telephone Number			
Enclosed is	s a check for th	ne following amount:					
■ \$25.0 () 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)			
	Iailing Addres		Street Address:				
	tegistration Solvision of C		Registration S Division of C				
	.O. Box 632		The Centre o				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Nature Coast Hauling and Tractor Services LLC

2022 APR 18 AH 11: 28

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our recor- iability Company)	TALLILLAGSECLEL	
The Articles of Organization for this Limited Liability Company Florida document number 88-1635684 L22000139681	were filed on April 1, 2022	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Nature Coast Tractor Work and Hauling Services LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	n/a		
(Principal office address MUST BE A STREET ADDRESS)			
	,		
Enter new mailing address, if applicable:	n/a	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter</u>	the name of the new registered	
New Registered Office Address:			
	Enter Florida street address		
	, F	lorida	
New Registered Agent's Signature, if changing Registered Agent:	•	nφ con	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I fi performance of my duties, a provided for in Chapter 605,	und I am familiar with and F.S. Or, if this document is	
If Chai	nging Registered Agent, Signature	of New Registered Agent	

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

MGR = Manager AMBR = Authorized Member

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

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f an effecti Note: If t	date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a 1's effective date on the Department of State's records.
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	Agil 11 2002.
	Day a More
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00