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2022 JUL 26 AM 8: 35 ALLAHASSEE FIORINA

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COVER LETTER

TO: Registration Se Division of Cor						
Systemic 1	frucking LLC					
SUBJECT: Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	andence concerning this matter	to the following:				
	Rafael A. Ayala Jr.					
	Name of Person					
	Systermic Trucking LLC					
Firm/Company						
5277 NW Torino Lake Circle						
		Address				
	Port St Lucie, FL 34986					
		City/State and Zip Code				
	dsincometaxservices@com E-mail address: (cast, not to be used for future annual report notifi	cation)			
For further information c	oncerning this matter, please c	ali:				
Damel Morales		772 807-1678				
Name o	TPerson	at ()	Telephone Number			
Enclosed is a check for the	he following amount:					
■ \$25,00 Filing Fee	Ti \$30,00 Filing Fee & Certificate of Status	Ti \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addres	w:	Street Address:				

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

OF	JUL 26 ñăśśt
Systemic Trucking LLC	m. ≥
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	1508 1508 1508 1508 1508 1508 1508 1508
	J ggsigned C
Florida document number 1.22000155120	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
SYSTEMIC TRUCKING LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LEC" or the abbreviatio	n "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Office Address: Enter Florida street address	
N. D. C. LOSS ALL	
Name of New Registered Agent:	

New Registered Agent's Signature, if changing Registered Agent:

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BON)

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>	Name	<u>Address</u>	Type of Action
			□Remove
			⊡Change
			□Remove
			⊡Change
			TiAdd
			□Remove
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		<u> </u>	□Remove
	<u>-</u>		
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated July 21 2022 Signature of a member or authorized representative of a member

Filing Fee: \$25.00