L22000157909

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COVER LETTER

TO: Registration So Division of Cor					
	ounded Truck	king LLC			
	Name of Lim	ited IS iab ility Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	James Ry	Name of Person			
		Name of Person	· · · · · · · · · · · · · · · · · · ·		
	Groundel	Trucking LL			
		Firm/Company			
	13274 K	ocher Way			
		Address			
	Orlando	FL 32827		2023 . ALL	
	Groundedt	City/State and Zip Code Vicking O Yahoo. to be used for future annual report noti	Con	23 J.T 9 PH12: 28	i
			tication)		,
For further information of	concerning this matter, please c			े हु	
Junes K	yan Clitton	at (ZOS) ZOT Area Code Daytim	8991	Č ©	
Name	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for t	he following amount:				
\$25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	

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

Grounded Trucking LLC	~ 				
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ars on our record)	<u>s.</u>)			
The Articles of Organization for this Limited Liability Company were filed on _ Florida document number \(\frac{L27000157909}{}\).	April /	- 7022 a	ınd assig	gned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability company	here:				
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC	" or the abbrevia	tion "L.L.	.C."	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		Pen	202		
		3.	ويت د		
		7.	_ :		
Enter new mailing address, if applicable:		£1.	را	1	
(Mailing address MAY BE A POST OFFICE BOX)		, , , , , , , , , , , , , , , , , , ,	===	. :	
Midding agaress MAT DE ATOST OFFICE DOXY		_	7,3		
			_ C ;		
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter	the name of t	he new	registere	
Name of New Registered Agent:					
New Registered Office Address:	lorida street addres.	5			
City	Flo	orida	 Code		
New Registered Agent's Signature, if changing Registered Agent		7.11-			

New Registered Agent's Signature, it changing Registered 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.

If Changing Registered Agent, Signature of New Registered Agent

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 Title <u>Name</u> Address Type of Action Vice President Eric Muthen Stinson 2539 Co. Rd. 59 MADER

MCR Prattuille, Al 36067 DROING Remove ☐ Change \square Add □Remove □ Change **₩** □Remove ⊡Change-□ Change □ Change \square Add

□Change |

If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessor			
	James Cliffon will be known as Presiden	_		
	and have a 75% ownership Eric	<u>S+:</u>	ری ۲۶	1
	will be Known as Vice President and h	ave		
	a 2570 ownership in Grounded True	Kin	—— a	
	LLC.)	•
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Effe	ctive date, if other than the date of filing: (options effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing or more than 90 days aft	d) na VPorsus	mt to 605	5.0207.6
Note	: If the date inserted in this block does not meet the applicable statutory filing requirements, this date			
docu	iment's effective date on the Department of State's records.			
		era		•
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) filed.	The Youn	day arte	rtne
Date	d 1-9 2023			
	Signature of a number or authorized representative of a member James Ryan Clifton Typed or printed name of signee			
	Signature of a number or authorized representative of a member			

Filing Fee: \$25.00