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22 MAY 18 PM 3: 23

T. MATTHEWS
JUL 19 2022

## **COVER LETTER**

TO:

Registration Section

Division of Co			
	RUCKING, LLC		
SUBJECT:	Name of Lim	ited Liability Company	, <u>, , , , , , , , , , , , , , , , , , </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Tina M. Mroczkowski		
		Name of Person	
	Smith Mroczkowski, PLLu	3	
		Firm/Company	
	3400 S. Tamiami Trail. Su	ite 101	
		Address	
	Sarasota, Florida 34237		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	tina@smlawsrq.com	to be used for future annual report not	fication)
For further information	concerning this matter, please c	-	incarion,
Tina M. Mroczkowski		941 952-0550	
Name	of Person	at () 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

22 MAY 18 PM 3: 23

BEST 1 TRUCKING, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A TRAIGE CAMES	charity company,	
The Articles of Organization for this Limited Liability Company	were filed on April 4, 2022	and assigned
Florida document number L22000159293		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		- <del></del>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Mulling dudress MAT BE A TOST OF TICE BOA		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new registered
agent and/or the new registered onice address nere.		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Fiduless.	Enter Florida street a	ddress
		_, Florida
	•	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
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 being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie provided for in Chapter (	es, and I am familiar with and 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Hector Mendoza	7418 62nd Ct. E. Palmetto, FL34221	■Add
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			Change
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ote:	ive date, if other than the date of filing:
recoi Lis fi	ed 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 led.
ated	May 2, 2022  May 2, 2022  May 2, 2022  Signature of a member or authorized representative of a member
	Like M. Mioglimbe
	Signature of a member or authorized representative of a member

. . .

Filing Fee: \$25.00