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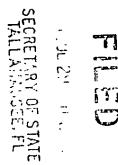
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COVER LETTER

TO: Registration So Division of Cor				•		
Hardir Fleet Services LLC						
SUBJECT:	·	Mone of Limi	ted Liability Company			
The enclosed Articles of	Amendment ar	re a) are subi	nitted for filing.			
Please return all correspo	ondence concer	j this matter	to the following:			
	Denver Ne o	la din III			SEC	2 477
			Name of Person		RET	<u>ا</u> دیده
	HArdin Fl.	So ices LLC			RETARY OF	
			Firm/Company	 	SECTION SECTIO	ا ا
	3119 E Ke.	i¹ Rd.			STA	ف
			Address		THE W	
	Lithia, Flo:	547				
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code			
	Denver@H:			y ,		
		i i address; (t	o be used for future annual report noti-	hcation)		
For further information of	concerning this	the please ca	ıll:			
Denver Hardin			813 731-7148 at ()			
Name o	of Person	,	at () Area Code Daytim	e Telephone Number		
Enclosed is a check for t	he following as					
□ \$25.00 Filing Fee	■ \$30.00 l Certifi	Fre & CStatus	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate of Certified Co (additional co)	of Status &	
Mailing Addre			Street Address:			
Registration of C			Registration Sec Division of Cor			
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Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hardin Fleet Services L1			
(<u>Name</u>	the Limited Liability Compa (A Florida Limited L	ny as it now ap pears on our records nability Company)	<u>r)</u>
The Articles of Organization for this	r tel Liability Company	were filed on <u>04/08/2022</u>	and assigned
Florida document number 122000165	·		
This amendment is submitted to ame	a chollowing:		
A. If amending name, enter the nev	name of the limited liabi	lity company here:	
The new name must be distinguishable and	the words "Limited Liabili	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address	. i пр plicable:		
(Principal office address MUST BE	(MIREET ADDRESS)		
			SEC -
Enter new mailing address, if applic	.c0 t:		
(Mailing address MAY BE A POST)			22 F
			on a fig
			STA
B. If amending the registered agent and/or the new registered off		ddress on our re <mark>cords, <u>enter 1</u></mark>	he name of the new registered
Name of New Paristand A			
Name of New Registered A,	ļ		
New Registered Office Ad		inter Florida street address	
		171-	.23
		City , rio	rida Zip Code
New Registered Agent's Signature, if	Friging Registered Agent:		
I hereby accept the appointment a provisions of all statutes relative t accept the obligations of my positibeing filed to merely reflect a charcompany has been notified in writ.	Teoroper and complete person of the registered agent as person the registered office	re to act in this capacity. I fur performance of my duties, an provided for in Chapter 605, F address, I hereby confirm tha	F.S. Or, if this document is

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

<u>Title</u>	<u>Na me</u>		Address	Type of Action
AMBR	De iver N Hardin Jr.			□Add
			5530 CENTER ST, WIMAUMA, FL 33598	Remove
				□Change
				□ Add
				Remove
				Remove
				☐ Change
				_
				□Remove
	-			🗆 Add
				□Remove
				Change
		- -		□Add
				□Remove
				□Change

If amending any other inform	ar on, enter change(s)	nere: (4ttach additional	sneets, ij necessa	ייָ <i>ר</i> י.)	
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Iffective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this blocument's effective date on the line.	u () Specific and cannot be do shot meet the a	pplicable statutory filing req		g.) Pursuant to 605.0	
record specifies a delayed effect d is filed.	ir . i c but not an effect	ive time, at 12.01 a m. on th	ne earlier of: (b) T	he 90th day after	the
Dated July 25	7 200	22.			
	ure of a phember of	authorized representative of a	member		
Denver Hardin	- //	·			
— — —	Typed or	printed name of signee			

Filing Fee: \$25.00