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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: BY Gales Trusking 1 LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kamano Volmak Name of Person
BP Gafor Trucking LLC
285 ulturn Blad Altamente Spring3 FL 32701 Address
APT 510, City/State and Zip Code
Brador Holdings @ amail. com E-mail address: (to be used for future admual report notification)
For further information concerning this matter, please call:
Yamano Volmaf at (941) 567-7888  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:  Registration Section  Division of Corporations  Street Address:  Registration Section  Division of Corporations

Registration Section 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 FOR ED

2		2022 AUG -4 AM	8: 28
Br Cater Helding	s LLC		
(Name of the Limited Liability Comp.  (A Florida Limited)	any as it now appe: Liability Company)	ars on out records) OF TALLAHALLE!	STATE E, FI
The Articles of Organization for this Limited Liability Company		A-1 1	
Florida document number <u>L 22000 &amp; 1 500 6</u> .		,	
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	oility company l	<u>nere</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the	designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	<del></del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our	records, <u>enter the nam</u>	te of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Fla	orida street address	
		, Florida	
	City		Zip Code

## New Registered Agent's Signature, if 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mor	Kamano Volmak	285 uptown Blad Apt 512	i Add
		285 uptown Blood Apt 512 Altomorte Springs, FL 32701	□Remove
			🗆 Add
			□Remove
			□Change
	- <del></del>		🗆 Add
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Note:	tive date, if other than the date of filing:
he reco ord is f	rd 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 filed.
Dated	8/2/3022
	the firm
	Signature of a member or authorized representative of a member  Lyngno Volmad  Typed or printed name of signee

Filing Fee: \$25.00