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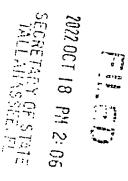
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COVER LETTER

	CKING TRANSPORT LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	JULIANA D SANTOS			
Name of Person				
UNIVERSAL TAX AND INSURANCE CORP				
Firm/Company			· · · · · ·	
440 SOUTH FEDERAL HWY SUITE 104			ري ساس	2027
		Address	ZCSE	2022 OCT 18 Fit 2: 05
	DEERFIELD BEACH FL	33441	22 22	81
		City/State and Zip Code		
	julianadsuniversal@gmail.c	on) to be used for future annual report no	differtion) TO	, ,
For further information ec	oncerning this matter, please of	·	I	1 0
JULIANA D SANTOS	· .	954 532-9000		
Name of	Person	at () Area Code Dayti	me Telephone Number	
Enclosed is a check for th	e following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Stal Certified Copy (additional copy is en	tus &
<u>Mailing Address</u>	<u>.:</u>	Street Address:		
Registration Section		Registration Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORLI TRUCKING TRANSPORT LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company were filed on 06/01/2022		and assigned	
Florida document number L22000250825			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		<u> </u>	
Principal office address MUST BE A STREET ADDRESS)	1017 EAST RIVER DRIVE	4000	
	MARGATE, FL 33063		
		SHOP P	
Inter new mailing address, if applicable:		mes 22	
Mailing address MAY BE A POST OFFICE BOX)	1017 EAST RIVER DRIVE	- Fig. 6	
Manag address of the Party of the Boxy	MARGATE, FL 33063		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registe	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florid	da	
	City	Zin 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 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>	<u>Address</u>	Type of Action
AMBR	MAGELA INGRID BORGES VEL	1017 EAST RIVER DRIVE, MARGATE FL 33063	= Add
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Effective date, if other than the ill an effective date is listed, the date must	date of filing:	<u> </u>	(optional)
(If an effective date is listed, the date must Note: If the date inserted in this ble document's effective date on the De	ock does not meet the app	licable statutory filing requireme	ys after filing.) Pursuant to 605.0207 (3)(nts, this date will not be listed as the
the record specifies a delayed effective ford is filed.	e date, but not an effective	time, at 12:01 a.m. on the earlie	r of: (b) The 90th day after the
Dated OCTOBER 7TH	2022	·	

Filing Fee: \$25.00

Typed or printed name of signee