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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	-
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COVER LETTER

TO:

Registration Section

Division of Cor	porations	·		
	TRUCKING LLC			
SUBJECT:	Name of Lim	ited Liability 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:		
	JOSE O CARLON			
		Name of Person	·	
	BALALO'S TRUCKING I	LC		22
		Firm/Company	· · · · · · · · · · · · · · · · · · ·	ΑU
	2288 LINKS DR			22 AUG 29
		Address		PR :
	FLEMING ISLAND FL. 3	2003		2: 26
		City/State and Zip Code		96
	CARLONJOSE@YAHOO.			
	E-mail address: (to be used for future annual report no	titication)	
For further information c	oncerning this matter, please ca	all:		
JOSE O CARLON		904 610-0974 at ()		
Name o	f Person	Area Code Daytir	ne Telephone Number	-
Enclosed is a check for the	ne 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 F Certificate of S Certified Copy (additional copy is	tatus &
Mailing Addres		Street Address:		
Registration Section		Registration Section Division of Corporations		
Division of Corporations P.O. Box 6327		The Centre of Tallahassee		
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BALALO'S TRUCKING LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number 1.22000262883 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 abbreviation "LLC." 2288 LINKS DR Enter new principal offices address, if applicable: FLEMING ISLAND FL 32003 (Principal office address MUST BE A STREET ADDRESS) 2288 LINKS DR Enter new mailing address, if applicable: FLEMING ISLAND FL 32003 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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
MGR	EDUARDO PINTO CRUZ	2288 LINKS DR FLEMING ISLAND FL 32003	= Add
			□Remove
			🗆 Change
			DAdd
			Remove
		DE COM DIALE 29 Add 2: Browner Commover	
		□Change	
		□Add	
		□Remove	
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		□Change	
			□Add
			□Remove

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	-
	PH 2:
ffective date, if other than the date of filing:(optional	1)
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filin lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat ocument's effective date on the Department of State's records.	ig.) Pursuant to 605.0207 (3)(t
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) — I is filed.	The 90th day after the
Pated August 25 . 2022.	
Signafure of member of authorized representative of a member JOSE O. Carlon	
11 4.1 1/1	

Filing Fee: \$25.00

Typed or printed name of signee