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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations			
SUBJECT: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	William Jugar Trucker	×2 1 + C		
<u> </u>	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	- Torrey	Name of Person		
	11.100x2	Firm/Company	(1	
	PO. 7	Box 353'4 Address		
	· Loke	City/State and Zip Code	SECRETA TALLAF	2022 SEP 13 PM 1.
	E-mail address: (	to be used for future annual report not	AHASSES	ω , <del>-</del>
For further information e	concerning this matter, please c	all:	17.5 7.5	
Name o	Ferson	at ( <u> うるし</u> ) <u>らゅう</u> Area Code Daytim	러브는 사 e Telephone Number	Ī
Enclosed/is a check for t	he following amount:			
© \$25.00 Filing Fee	LJ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status of Certified Copy (additional copy is enclose	
Mailing Addres Registration 5		Street Address: Registration Sec	ction	
Division of C	orporations	Division of Cor The Centre of T	porations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on	(Name of the Limited Li (A F)	ability Company as orida Limited Liabili	it now appears on ou y Company)	r records.)		_	
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."  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  The new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  The principal office address MUST BE A STREET ADDRESS  Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  The principal office address MAY BE A POST OFFICE BOX  The principal office address MAY BE A POST OFFICE BOX  The principal office address on our records, enter the name of the new registered gent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  1554 F. David St.  Enter Florida street address	The Articles of Organization for this Limited Liabili	ity Company were	filed on	13/202	and	Lassign	ed
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Enter Florida street address	Name of New Registered Agent:	Rebecca	Frazier		<u>=</u>		
Lave City, Florida 32055 City Zip Code	New Registered Office Address:	1554 E	Enter Florida stre	5† ·			<del></del>
City Zip Code	١	Lave Cits		Florida	ろるい	255	
	_		,,	1 = 222 13444	Zip C	ode	

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>	Name	<u>Address</u>	Type of Action
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			□Remove
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