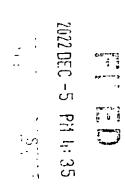
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A. BUTLER
DEC - 5 2022

COVER LETTER

TO:

Registration Section Division of Corporations

American R SUBJECT:		orrection to American Royalty True	cklines LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Antrone Walls		
		Name of Person	
	American Royalty Truckli	nes LLC	
		Firm/Company	
	2214 Embry Ave		
		Address	
	Haines City FL 33844		
		City/State and Zip Code	
	antronewalls@gmail.com		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Antrone Walls		863 427-5542	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Co The Centre of	rporations
Tallahassee, l	FL 32314		oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

American Royalty Trucklines LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records) 11 4: 35

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{07/07\dot{7}\dot{2}\dot{0}22}{}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: American Royalty Trucklines LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 __. Florida ___ City 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

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
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			□Change
			□Add
			□Remove
			□ Change
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	tate's records.				
cord specifies a delayed effective date, but not s filed.	an effective tin	ne, at 12:01 a.	.m. on the earl	lier of: (b) T	he 90th day after th
October 11	2022	<u>.</u> .			
antone	Walls member of author				
Signature of a	nember of author	ized representa	ative of a memb	per	