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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO:

TO: Registration S Division of Co					
SUBJECT:	Cream T Name of Lin	ean Trucking nited Liability Company	g Lic		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Charle	S Reiman Jr Name of Person		₹; . ; c.	2022 JUL 25
		Firm/Company		y- *	
	796	Corbin Cir S	W	1	5 PE 1:5
	Palm Bo	24 Fl, 3290 City/State and Zip Code	7	:	50
	E-mail address:	mbini 309 ma	ii \ Com		
for further information	concerning this matter, please c	all:			
Charles Name	Reiman Jr	at (<u>407</u>) <u>922</u> Area Code Daytim	2 - Z3 2 Telephone Number	<u>Z</u>	
Enclosed is a check for t	the following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate Certified C (additional co	of Status opy	
Mailing Addre Registration		Street Address:	ation.		
Division of C		Registration Sec Division of Cor			
P.O. Box 63.	-	The Centre of T	•		
Tallahassee,	FL 32314		e Street Suite 810)	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cream Te	Eam Trucking LLC
(<u>Name of the Limited Liability</u>) (A Florida Li	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Con	npany were filed on July 12, 2022 and assigned
Florida document number <u>L 22 000 309773</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
Sour Diese	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRES	ss)
	. 50
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	<u></u>
B. If amending the registered agent and/or registered o	ffice address on our records, enter the name of the new registered
ngent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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>	Name	Address	Type of Action
			🗀 Add
			□Change
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and ca Note: If the date inserted in this block does not mee document's effective date on the Department of Stat	nnot be prior to d	ate of filing or more	(option than 90 days after fil equirements, this d	ing.) Pursua	int to 605.020' It be listed as
record specifies a delayed effective date, but not an d is filed.	effective time,	at 12:01 a.m. on	the earlier of: (b)	The 90th	day after the
Dated July 18	2022	· ()	1		
/ Maa					
		d representative of			