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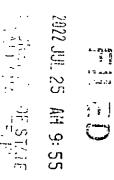
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## **COVER LETTER**

то:	Registration Se Division of Cor		•				
eunu		RCA FLORIDA TRUCKING, LLC					
SUBJE		Name of Lim	ited Liability Company				
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please 1	return all correspo	ondence concerning this matter	to the following:				
		Robert Morestin					
			Name of Person				
		RCA FLORIDA TRUCKI	NG, LLC				
			Firm/Company				
1700 N. University Dr. suite 304							
Address							
		Coral Springs, FL 33071					
			City/State and Zip Code				
		Robert.morestin@gmail.cor	n to be used for future annual report notification)				
For furt	ther information c	oncerning this matter, please ca					
Robert	Morestin		954 709-4659 at ( )				
	Name o	f Person	Area Code Daytime Telephone Number				
Enclose	ed is a check for th	ne following amount:					
<b>≡</b> \$25	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certificate of Status & Certified Copy (additional copy is enclosed)				
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 17	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ED OF

2022 JUL 25 AH 9:55

RCA FLORIDA TRUCKING, LLC

(Name of the Limited Liability Company as it now appears on our records.) Jr. S. [A] E. (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{7/18/2022}{1}$ Florida document number L22000317101 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 "L.L.C." 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

## 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>	Name	Address	Type of Action
AMBR	Peguy Sommervil	3240 N. Pine Island Road, Unit #104, Sunrise, FL 33.	35 <b>∃</b> Add
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ote:	we date, if other than the date of filing:
recor Lis fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated	7/20/2022
	1// 7
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00