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SECRETARY OF STATE
TALLAHASS OF STATE

COVER LETTER

TO: Registration S Division of Co			
DJ2008 Tr	ucking LLC		
SUBJECT:	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:	
	Wilvens Julmiste		
		Name of Person	
	DJ2008 Trucking LLC		
		Firm/Company	
	119 Bellamy Trail		
		Address	
	Sebastian FL32958		
		City/State and Zip Code	
	julimiste@yahoo.com	to be used <u>for future</u> annual report r	restriction (team)
For further information (concerning this matter, please e		internation)
Wilvens Julmiste		954 2583950 at()	
Name (of Person	Area Code Day	time Telephone Number
Enclosed is a check for t	the 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 Addre		Street Address	
Registration Section Division of Corporations		Registration Division of C	
P.O. Box 63:	=	The Centre o	f Tallahassee
Tallahaceaa	EL 32314	2415 N. Mor	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DJ2008 Trucking LLC	
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa $\frac{1.22000311973}{1.000000000000000000000000000000000000$	any were filed on 7/13/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Li	ability 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)	2022 SEP SECRETALLA
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

New Registered Agent's Signature, it 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
MGR	Marcus Frederic	119 Bellamy Trail Sebastian FL 32958	= Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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ffective date, if other than the date of filing:		
Fective date, if other than the date of filing: (optional) In effective date is listed, the date must be specific and cannot be price to date of filing or more than 90 days after filing.) Pursuant to 605/0207 The date is listed, the date must be specific and cannot be price to date of filing or more than 90 days after filing.) Pursuant to 605/0207 The filing is inserted in this block does must be specific and cannot be price to date of filing requirements, this date will not be listed as occurrent's effective date on the Department of State's records. The specific is a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed. Septender 15 2022 Make Septender 15 Signsture of a member or authorized representative of a member	_	
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Filing Fee: \$25.00