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(Requ	iestor's Name)	
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Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	





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SECRETARY OF STATE

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TO:

	Registration Se Division of Cor		•	, · .
011151177		p Trucks LLC		•
SUBJEC	TT:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Yusnier Anzardo Salazar		
			Name of Person	Daytime Telephone Number S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
			Firm/Company	
		16266 NE 9 AVE		
			Address	
		North Miami Beach FL 3.	3162	
		Name of Person		
		E-mail address: (to be used for future annual report i	notification)
For furth	er information c	oncerning this matter, please c	all:	
Madelin	e Marriou		at ()	
	Name o	f Person	Area Code Day	time Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, 1	Section orporations 7	The Centre o	Section Corporations f Tallahassee proe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE HOLDER CORPORATIONS

FAST PICK UP TRUCKS LLC

2022 AUG -2 PM 3: 51 1

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 7/19/2022 and assigned Florida document number 1,22000321528 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FAST PICKUP TRUCKS 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:

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

Enter Florida street address

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>	<u>Address</u>	Type of Action
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			□Remove
			☐ Change
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Effective date. If an effective date	if other tha	n the date	of filing:			1911		_ (optio	nal)		605 0207
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Typed or printed name of signee