L22000336683

(Requestor's Name)					
(Address)					
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(Document Number)					
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COVER LETTER

TO: Registration Section

Divis	sion of Cor	porations			
	FLORIBBI	EAN TRUCKING GRP			
SUBJECT:					
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Nakeido Lewis			
		·	Name of Person		
		FLORIBBEAN TRUCKIN	NG GRP		
		9901 sw 26st		(() 	2023
			Address		
		Miami/F1., 33165			2023 FEB 27 PH 4: 57
			City/State and Zip Code		P
		Floribbeantruckinggrp@gn)
			to be used for future annual report not	ification)	1 57
For further in	formation c	oncerning this matter, please co	all:		
Nakeido Lew	ris		917 530-1303 at ()		
	Name o	f Person	Area Code Daytin	ne Telephone Number	_
Enclosed is a	check for th	ne following amount:			
■ \$25,00 Fi	iling Fee	□ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60,00 Filing Certificate of Certified Cop (additional copy	Status & y
Mailing Address: Registration Section		Street Address: Registration Se			
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIBBEAN TRUCKING GRP		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
he Articles of Organization for this Limited Liability Company o	were filed on	and assigned
orida document number 1.22000336683		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabil	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ty Company." the designation "LLC" or t	he abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		C 23
		20 R F
nter new mailing address, if applicable:		27
Mailing address MAY BE A POST OFFICE BOX)		
ranng udaress MAY DE A FOST OFFICE BOXY		FIA FI
		· · · · · · · · · · · · · · · · · · ·
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ddress on our records, enter the	name of the new reg
Name of New Registered Agent:		
New Registered Office Address:	Power Park Land	
	Enter Florida street address	
	, Florida	
	City	Zip 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 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
CEO	Jennifer Contrer		□Add
			= Remove
			□Change
CEO	Jennifer Contreras	,	≡ ∧₫₫
			□Remove
			□ Change
		- (7) - (1) - (1)	Add FEB Remove
		A Control of the Cont	Remove "
			P (Change) Change) Add
			□Remove
		 -	□ Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			Change