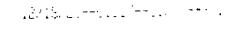
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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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DocuSign Ervelope ID 40F93E68-D33F-4C61-A764-2C347C8046B7 ARTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION OF

| GRICE TRUCKING LLC (Name of the Limited Liability Company (A Florida Limited Lia | y as it now appears on our records ability Company) | <u>l</u> |
|--|--|-------------------------------|
| The Articles of Organization for this Limited Liability Company w | vere filed on <u>08/05/2022</u> | and assigned |
| Florida document number 1.22000346556 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabile | ity company here: | |
| The new name must be distinguishable and contain the words "Lamited Liabilit | y 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) | | 22 |
| | | 22 D |
| | | |
| Enter new mailing address, if applicable: | | <u>ं ज</u> |
| (Mailing address MAY BE A POST OFFICE BON) | | <u> </u> |
| | | |
| | | <u></u> б |
| B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here: | ddress on our records, <u>enter</u> | • • • |
| agent anoth the new registered write address. | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florala street addres | ١ |
| | | |
| | , Flo | orida Zıp 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.

DocuSign Envelope ID 40F93E68-D33F-4C61-A764-2C347C8046B7 in amending Authorized rerson(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 |
|--------------|---------------------|-------------------------|-----------------------|
| AMBR | ROSHAUNA S. BENNETT | 119 THOMASON AVE | = Add |
| | | APT 23 | Remove |
| | | DAYTONA BEACH, FL 32117 | □Change |
| | | | □Add |
| | | | □Remove |
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| Sective date, if other than the da | ite of filing: | | (optional) |
| fective date, if other than the da an effective date is listed, the date must be ote: If the date inserted in this block | specific and cannot be prior to d | ate of filing or more than 9 | 0 days after filing.) Pursuant to 605.6 ments, this date will not be listed |
| neument's effective date on the Depa | irtiment of State's records. | | |
| | n est est est | | who were the The Outh due after |
| record specifies a delayed effective d lis filed. | ate, but not an effective time, | at 12:01 a.m. on the ca | ther (ii. (b) The 70th day and |
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| ated NOVEMBER 18 | — DocuSigned by | | |
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| | gnature of a member or authorize | ed representative of a men | nber |

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