## L22000359860

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## **COVER LETTER**

TO:		ration Secon			4	
SUBJI	FCT.	Ether	reum Trucking LLC			
SUL	<u></u>			ited Liability Company		
The en	iclosed A	rticles of .	Amendment and fee(s) are sub	mitted for filing.		
Please	retum all	co <del>rre</del> spoi	ndence concerning this matter	to the following:		
				Kamau Po	well	
				Name of Person		
				Firm/Company		
				2438 Taft St		
				Hollywood	El 33020	
				City/State and Zip Code	, 1 L 35020	
				mau.a.powell@gm		
For fu	rther info	mation co	oncerning this matter, please of	all:		
	Kar	nau Po	well	at (786_)	440-9371	<u> </u>
		Name of	Person	Area Code	Daytime Telephor	ne Number
Enclos	sed is a ch	eck for th	e following amount:			
<b>X</b> 352	25. <b>00</b> Filii	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is end		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address tration S		<u>Street A</u> Registr	ddress: ation Section	
	-		orporations	· ·	n of Corporation	ns
		Box 632			ntre of Tallahas	
			L 32314		, Monroe Street	

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ethereum Trucking LLC					
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	mpany)	rs on our records.)			
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L22000359860</u>	d on _	8/16/2022	8	nd assig	med
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability com	pany b	ere:			
Keys View Freight LLC					
The new name must be distinguishable and contain the words "Limited Liability Compar	ny," the	designation "LLC" or	the abbreviat	ion "l_l_	c
Enter new principal offices address, if applicable:					<del></del>
(Principal office address MUST BE A STREET ADDRESS)				. <u>-</u>	
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>			
B. If amending the registered agent and/or registered office address o agent and/or the new registered office address here:	n our i	records, enter the	name of the LAHA	2020 NOV 15	registered
Name of New Registered Agent:			- SS:	<u>~</u>	<del>-</del> 177
New Registered Office Address:	inter Fla	rida street address	E.F.S.	<u>0</u>	Ö
		With his	m	3 <b>0</b>	
City	<del></del>	, Florid		Code	<del></del> _

## 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 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	<u>Address</u>	Type of Action
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			Remove
			□Add
			🗆 Remove
			Change
			🗀 Add
			□Rеточе
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ective dat	e, if other than the	date of filing:			(option	al)
a effective da	te is listed, the date mus	st be specific and car	nnot be prior to d		than 90 days after fi	ling.) Pursuant to 605.020 late will not be listed as
	fective date on the D				• • • • • • • • • • • • • • • • • • • •	
	ies a delayed effectiv	e date, but not an	effective time.	at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
is filed.						
	Novemb	yerfi	2022			
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ted		Alguature of a men	nber or authorize	representative of	a member	<del></del>

Filing Fee: \$25.00