L22000364040

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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: R & V McCray Trucking "Le LC" Name of Limited Lightlity Company
The enc	losed Articles of Amendment and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Deadro V, McCray Name of Person Rev McCray Trucking"LLC"
	Firm/Company
	5729 ne CR 1469
	Hawthorne, H 32640 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
Dei	Name of Person at (35a) 359-9811 Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
± \$25	5.00 Filing Fee Solution Solut
	/

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 SEP - 6 PM 12 02

The Articles of Organization for this Limited Liability Company were filed on 8 15 and assigned _ and assigned Florida document number L 22000 364040 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Reverse Trucking LLC

The new name must be distinguishable and contain the words "Limited Liability 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) 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: re Florida 3764

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 Agen

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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: If the date inserted in this ment's effective date on the	block does not meet the	e applicable statutor	ry filing requiremen	nts, this date will not be lis
anem seriective date on the	Department of State 3 i	coords.		
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