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SECRETARY OF STATE

COVER LETTER

TO: Registration Set Division of Cor			
Atlas X LI SUBJECT:	.C		
3000ECT	Name of Lin	ited Liability Company	<u></u>
	Amendment and fee(s) are sub	<u>-</u>	
Please return all correspo	ondence concerning this matter	to the following:	
	Filing MichaelD		
	7 : 41	Name of Person	
	ZenBusiness Inc.		
		Firm/Company	
	336 E College Ave. Ste 30	11	
		Address	
	Tallahassee, FL 32301		
	fulfillment@zenbusiness.co	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	oncerning this matter, please c	all:	
Filing Michaell) c/o Zen	Business Inc.	844 493-6249 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>s:</u> Saction	Street Address:	at an

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

TO:

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

Atlas X LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)
he Articles of Organization for this Limited Liability C	Company were filed on 2022-10-05 and assigned
lorida document number 1.22000430380	<u></u> .
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limi	ited liability company here:
iroveland trucking LLC	
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDR	RESS)
inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered	d office address on our records, <u>enter the name of the new register</u>
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
		 -	□AdJ
			□Remove
			□Change
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fective date, if other than the dan effective date is listed, the date must be note: If the date inserted in this blocked becament's effective date on the Dep	be specific and cannot be prior k does not meet the applic	able statutory filing red	(optional) han 90 days after filing.) F quirements, this date w	^a ursuant to 605,020° rill not be listed as
ecord specifies a delayed effective of is filed.	date, but not an effective ti	me, at 12:01 a.m. on th	e earlier of: (b) The	90th day after the
ted March 8	2023			
/s/ Michael M	lvers			
	ienature of a member or autho	prized representative of a	member	

Filing Fee: \$25.00