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| Certified Copies            | Certificates of        | of Status    |
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| Special Instructions to Fil | ing Officer:           |              |
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## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |   |  |   |
|--|---|--|---|
| SUBJECT:                               |   | ited Liability Company   | octer.  |
| The enclosed Articles of               | Amendment and fee(s) are sub                    | mitted for filing.   |   |
| Please return all correspo             | ndence concerning this matter                   | to the following:  |   |
|  | Les Lee 4                                       | Name of Person   |   |
|  |   | Firm/Company   |   |
|  | 408 Linden                                      | Address  |   |
|  | Winter Par                                      | City/State and Zip Code  Cholman, Cam to be used for future annual report no |   |
|  | Les foster 101<br>E-mail address: (             | Chotmail. Com  | otification)  |
| For further information co             | oncerning this matter, please ca                |  | ,   |
| LES Foste<br>Name o                    | Person  | at ( <u>407</u> ) <u>405</u><br>Area Code Dayti                              | 5-1309<br>me Telephone Number   |
| Enclosed is a check for th             | ne following amount:                            |  |   |
| □ \$25.00 Filing Fee                   | □ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)          | \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|  |   |  |   |

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

FILED

| Chuck in A Truck #   | 1 Roster                  | 202411AY -8 PH 3: 25                     |
|--|---------------------------|--|
| ( <u>Name of the Limited Liability Compan</u><br>(A Florida Limited Li   | ability Company)          | par records.                             |
| The Articles of Organization for this Limited Liability Company v  | vere filed on 10/         | STATE and assigned L                     |
| Florida document number <u>L 22000 4670 75</u> .   |                           |  |
| This amendment is submitted to amend the following:  |                           |  |
| A. If amending name, enter the new name of the limited liabil  | ity company here:         |  |
| The new name must be distinguishable and contain the words "Limited Liabilit   | y Company," the designate | ation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |                           |  |
| (Principal office address MUST BE A STREET ADDRESS)  |                           |  |
|  | <del></del>               |  |
| Enter new mailing address, if applicable:  |                           |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |                           |  |
|  |                           |  |
| B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:            | idress on our recor       | ds. 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:   |                           |  |
|  | Enter Florida st          | reet address                             |
|  |                           | , Florida                                |
| San Danietanad Coat's Simuture if shaming Decision 3   | City                      | Zip Code                                 |
| New Registered Agent's Signature, if changing Registered Agent:  |                           |  |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete r |                           |  |

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 |
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|              |             | r than the<br>the date mus |                |             | not be prior  | to date of fil                                 | ng or more than  | optic<br>90 days after |              | ant to 605.0207 |
| ie: If the d | ate inserte | d in this blo              | ock does       | not meet    | the applica   |  | ry filing requi  |                        |              |                 |
| ument's et   | fective da  | te on the Do               | epartmen       | t of State  | 's records.   |  |                  |                        |              |                 |
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|              | ies a delay | ed effective               | e date, bu     | it not an e | effective tir | me, at 12:0                                    | 1 a.m. on the o  | earlier of: (b)        | The 90th     | day after the   |
| s filed.     | ,           | 1                          |                |             |               |  |                  |                        |              |                 |
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Filing Fee: \$25.00