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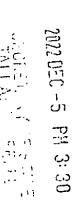
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COVER LETTER

Registration Section

TO:

Division of Corporations	
SUBJECT:	2. TRucking LLC nited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	omitted for filing.
Please return all correspondence concerning this matter	to the following:
Matth	Person Savorne S
Sailselle	Firm/Company
1230 H	ampton Blud 38
north (auderdale PC 33068 B
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please ca	all:
Jaume Matthew Name of Person	S at (154) 246-1234 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
≥ \$25.00 Filing Fee	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sailseter frucking 112
(Name of the Limited Liability Combany as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 11–18–2027 and assigned Florida document number 12200044118
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
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) 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: Javone S Mathews: 1230 Hampton Blud 38
EnterFlorida street address Orth Quel Colle Florida 33068 Zip 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.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being at or removed from our records: MGR = ManagerAMBR = Authorized Member Title Address Type of Action Name 1230 Hampton Blud 38 Add
North Laucharchle Remove Change □Remove \square Add □Remove □Remove _ □Change \square Add □Remove

□ Change

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<u>te:</u> If the d	ate inserted in	this block doe	s not meet the	applicable statute	ing or more than ory filing requir	rements, this	date will not	be liste
ument's ef	fective date or	the Departme	ent of State's re	ecords.				
cord specif	īes a delayed (effective date. I	out not an effec	ctive time, at 12:0)1 a.m. on the c	arlier of: (b)) The 90th da	ıy after
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