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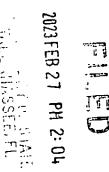
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COVER LETTER

TO: Registration Se Division of Cor						
٦١ عا	Trucking LLC)				
SUBJECT: VL	N:	ame of Limited Liabi	lity Company	_		
Dear Sir or Madam:						
	of Correction and fee(s) are	e submitted for filing				
	ondence concerning this ma					
, , , , , , , , , , , , , , , , , , , ,						
Lissuan F	adraga Art	iles				
	Firm/Company					
258 S Crec	do Street			2023 FEB 27 PM 2: 04		
				EB 2		
Longwood	od, FLorida	,32750		7		
	City/State and Zip Code					
3LTRUCKing. E-mail address: (1)	Service Q SHAL. 100 o be used for future annual	report notification)		10.5 140 :		
	concerning this matter, ple					
Lissuau	Fodnaca Antile	S at (321 Area Code	Daytime Telephone Number	_		
Mailing Addr Registration Division of P.O. Box 62 Tallahassee	Section Corporations 327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, FL 32303	e 810		
Enclosed is a check for the following amount:						
□\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy			

CR2E062 (9/15)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST:	The name of the limited liability company is: 31	Trucking LLC	
SECON	The Florida Document number of the limit	ted liability company is: L2Z000499274	
THIRD	Document to be corrected is: ARTIO	ies of Organization	
	(CHECK THE APPROPRIATE BOX ANI	O COMPLETE THE APPLICABLE STATEMENT	
•	statement are as follows:	ement, the reason the statement is incorrect, and the corr	rected
	Incorrect - EFFECTIVE DA	TE November 28, 2022	
	I Futered WRONG EFFEC	TE November 28, 2022 tive date	
	Correct - January 1, 2023		
	OR	ZUZ3)))
	Was defectively signed. The manner in which the as follows:	document was defectively signed and the appropriate of the section	rectionare
		SEE, FL	
	OR		
	The electronic transmission of the record was defect	ctive.	
	LIFEREN	02/24/2023	
	Signature of Authorized Representative	Date	
	re of new registered agent, if applicable :(NOTE: if ig the designation).	correcting the registered agent, the new registered agen	t must sign
I hereby provisio	ons of all statutes relative to the proper and complet ons of my position as registered agent as provided f a change in the registered office address, I hereby ca	Agent: wee to act in this capacity. I further agree to comply with we performance of my duties, and I am familiar with and for in Chapter 605, F.S. Or, if this document is being file confirm that the limited liability company has been notific	accept the A to merely
	Register	red Agent's Signature	
	Filing Fee: Certified Copy:		