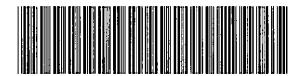
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Office Use Only

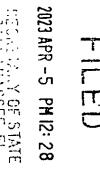
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 21, 2023

AUDRA ANGELLE POST OFFICE BOX 703 NEW PORT RICHEY, FL 34656

SUBJECT: CLASSY CHASSIS CARRIERS LLC

Ref. Number: L22000533701

We have received your document for CLASSY CHASSIS CARRIERS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 923A00006511

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Classy Chassis Cartiers LL
(Name of the Limited Liability Company as it now appears on our records:) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on DeC 21 2022 and assigned Florida document number <u>L220053370</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: County He designation "LLC" or the abbreviation "L.L.C." 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) 7735 Chapel ave 1014 Rohey, FL 34668
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) PO Box 703 New Port Richey, 1234656
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: Audra Angelle
New Registered Office Address: 7735 Chape ave Inter Florida street address
Port Richey Florida 34664 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.

f 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>	<u>Address</u>	Type of Action
CEO	Audra Angelle	7735 Chape ave Partion	D/Add
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_	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: 1	re date, if other than the date of filing: 12/19/00 22 (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that it's effective date on the Department of State's records.
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated_	1/9/
	Signature of a member or authorized representative of a member