## 123000064894

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R. HUNT 02/27/23

## **COVER LETTER**

TO: · Registration Section

Division of Cor	porations				
ELVIS TRU	JCKING LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	ANELA SANTOS				
		Name of Person			
	SIMPLEX GROUP INC				_
	<del></del>	Firm/Company		/~1 /75	
	7500 NW 52ND ST, SUIT	E 100		1.1 1 2 2 4.1.	
		Address		927 313	;
	MIAMI, FL 33166				
	CORPS@SIMPLEXGROU	City/State and Zip Code IP.NET		PH 2: 06	Ç
	E-mail address: (	to be used for future annual report not	ification)	111 01	
For further information c	oncerning this matter, please c	all:			
ANGELA SANTOS		305 5998287 at ( )			
Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status	
Mailing Addres Registration	Section	Street Address: Registration Se			
Division of C P.O. Box 632		Division of Co The Centre of			
Tallahassee, 1			oe Street, Suite 8	310	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELVIS TRUCKING LLC			
( <u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our rec ed Liability Company)	ords.)	<del></del>
he Articles of Organization for this Limited Liability Compa	ny were filed on 02/03/2023		_ and assigned
orida document number L23000064894			
nis amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited li	ability company here:		
RAGA TRUCKING LLC			
ne new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "l	A.C" or the abbre	evintion "L.L.C."
nter new principal offices address, if applicable:		·	; i3 , m
rincipal office address MUST BE A STREET ADDRESS)			√.∪ , <del>- 1 :</del>
		(-1 <sup>-1</sup> -1	
nter new mailing address, if applicable:		() S      S   S   S   S   S   S   S   S   S	ن السع
		r in	06
Aailing address MAY BE A POST OFFICE BOX)			
			<u>.</u>
. If amending the registered agent and/or registered offic	ce address on our records, en	ter the name	of the new regi
ent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street oa	dress	
		. Florida	
<del></del>	City		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 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>	Name	<u>Address</u>	Type of Action
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			□Remove
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ffective date, if oth an effective date is listed	er than the date of the date of the date must be specified.	f filing:	prior to date of	filing or more than	(option 90 days after fi	t <b>al)</b> ling.) P	ursuant	to 605.02
<pre>fote: If the date inser ocument's effective d</pre>	ted in this block doe	es not meet the a	ipplicable statu	tory filing requir	ements, this o	late wi	ill not l	be listed
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record specifies a del Lis filed.	ayed effective date,	but not an effec	tive time, at 12	:01 a.m. on the e	arlier of: (b)	The 9	90th da	y after th
FEBRUARY 20	0TH	2023						
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nated FEBRUARY 20	it hydro-							

Filing Fee: \$25.00