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COVER LETTER

TO: Registration Section

Division of Cor	porations			
SUBJECT: LBITRUC	KING LLC			
30BJEC1	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	IRAN A. GONZALEZ DE		·	
	Ad	Name of Person		
		Firm/Company		
	799 E 53RD ST			
		Address		
	HIALEAH FL 33013			
	_	City/State and Zip Code	,	
	305CARRIERSERVICES@	ggmailcom		
	E-mail address: (to be used for future annual report no	tification)	
For further information e	oncerning this matter, please c	all:		
IRAN A. GONZALEZ I	DE LA ROSA	at (754) 802 5758 Area Code Davtir		
Name o	f Person	Area Code Daytir	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
図 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:		
Registration Section Division of Corporations		-	Registration Section	
P.O. Box 632	•	Division of Co The Centre of	-	
Tailahassee, l			oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LBI TRUCKING LLC			
(Name of the Lim	ted Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I Florida document number L23000110000	iability Company	were filed on LBI TRUCKING LLC and assigned	
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	799 E 53RD ST	
(Principal office address MUST BE A STREET ADDRESS)		HIALEAH FL 33013	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u>' BOX)</u>		
B. If amending the registered agent and/or agent and/or the new registered office addre	~ .	address on our records, enter the name of the new registered	
Name of New Registered Agent:	IRAN A. GON	ZALEZ DE LA ROSA	
New Registered Office Address:	799 E 53RD S	r	
		Enter Florida street address	

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.

City

HIALEAH

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>	<u>Address</u>	Type of Action
MGR	IRAN A. GONZALEZ DE LA RO SA		
			□Remove
		799 E 53RD ST HIALEAH FL 33013	Æ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Remove
			ClChanna

_	Correction of the Name Mak
	<u> </u>
_	
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(If an effect Note: If	e date, if other than the date of filing:
ne record : ord is filed	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	Signature of a member or authorized representative of a member
	IRAN A. GONZA EZ DE LA KOSA Typed or printed name of signee