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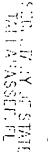
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COVER LETTER

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ello ir c	Sammy Tri			
SUBJEC	I:		nited Liability Company	
The enclo	Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Samuel Gustave			
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Samuel Gustave		
			Name of Person	
	Sammy Truckers LLC			
	Firm/Company			
			Address	
		Kissimmee, FL 34758		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
For furthe	r information c	oncerning this matter, please c	all:	
Samuel G	ustave			
	Name o	r Person	Area Code Daytii	ne Telephone Number
Enclosed i	is a check for th	ne following amount:		
□ \$25.0	0 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	<u> 1ailing Addres</u> Registration S		Street Address:	vetion
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þ	P.O. Box 632	7	The Centre of	
Γ	allahassee, 1	1, 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sammy Truckers LLC (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 $\frac{\text{March 29}}{\text{2023}}$ _____ and assigned Florida document number _1.23000158269 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Sammy Gustave Enterprises, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE 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: New Registered Office Address: Enter Florida street address Circ

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Antonio Josaphat	4499 Maple Chase Trail	□Add
		Kissimmee, FL 34758	■Remove
			Change
AMBR	Samuel Gustave	4499 Maple Chase Trail	
		Kissimmee, FL 34758	□Remove
			□ Change
			□ Add
			□ Remove
			□Change
			
			□Remove
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ective date, if other than th	he date of filing:		(optional)	
effective date is listed, the date made in this	he date of filing: nust be specific and cannot be prior block does not meet the applic	r to date of filing or more th:	an 90 days after filing.) Pursuant	.to 605.020° be listed as
	Department of State's records		michielle, mir duce with the	or nated th
eard exactline a datarrad affice	tive date, but not an effective t	ime, at 12:01 a.m. on the	e earlier of: (b) The 90th da	iy after the
s filed.	2023			
s filed.	. 2023	·		
s filed.		—: Gustave		
s filed. May 30	Samuel Signature of a member or auth	Gustave orized representative of a n	nember	