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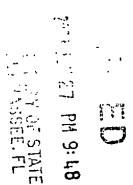
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Special Instructions to Filing Officer:

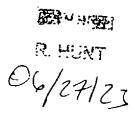
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COVER LETTER

	Registration Se Division of Cor							
CHD IECT		JUCKING LLC						
SUBJECT	· :	Name of Limited Liability Company						
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please retu	ırn all correspo	ondence concerning this matter	to the following:					
		Jose Vanderhorst						
			Name of Person	·····				
		Vhel Truucking IIc						
			Firm/Company	Pw3				
		18350 nw 91st ct						
			Address	12				
		Hialeah/Florida 33018		27 PH 9: 48				
			City/State and Zip Code	E. F. 9:				
		Vheltruckingllc@gmail.com						
		E-mail address: (to be used for future annual report no	tification)				
For further	r information c	oncerning this matter, please c	all:					
Jose Vande	erhorst		786 7863812229	9				
	Name o	f Person	at () Area Code Daytin	nc Telephone Number				
Enclosed i	s a check for th	ne following amount:						
\$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)				
	Iailing Addres		Street Address:	action				
Registration Section Division of Corporations			Registration Se Division of Co					
	.O. Box 632		The Centre of					
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vhel Truucking 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 April 10,2023 and assigned Florida document number <u>L23000175922</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: VHEL TRUCKING LLC 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) 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

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 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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Ambr	Julissa Milan	19426 nw 79th pl Hialeah,Fl 33015	□Add
			≡ Remove
			□Change
Ambr	Jose Vanderhorst	18350 nw 91st ct Hialeah,FI 33018	= Add
			□Remove
			Change
			703 G-DAdd
			Remove PH 9
			THE Change
			□Add
			□Remove
		 -	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.									_
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Filing Fee: \$25.00