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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

**Enter	the	email	address	for	this	busine	ess	entity	to	be	used	for	future
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Email Address:

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TOL 281823 T. LEMIEUX

-/4

Zip Code

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	#	197					
Re	eaper Tru	icking, LLC					, <b>b</b>
		( <u>Name of</u>	the Limited Liability (A Florida L	Company as i	t now appears on our	records.)	
			imited Liability Co	mpany were	filed on 06/23/23		and assigned
orida documen	nt numbe	r	<del></del>	_•			
is amendment	t is subm	itted to amend	d the following:				
If amending	i name 4	anter the new	name of the limite	od liability c	ompany hara		
11 amending	, 11211111, 5	.mer the new	name or the mint	cu naonny c	ompany nere.		
ie new name must	t be disting	guishable and co	ntain the words "Limito	ed Liability Cor	npany." the designation	"LLC" or the ab	breviation "L.L.C."
nter new princ	cinal off	icee addrose	if applicable:				
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nter new maili	ing addı	ress, if applic	able:				
	27		OFFICE BOX)				
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			and/or registered o			• .	702
				office addres	ss on our records,	enter the nam	e of the new regist
ent and/or the	e new re	gistered offic	e address here:				-2 
							<b>.</b>
Name o	ot New R	Registered Age	<u>ent</u> :		<u> </u>		
New Re	egistered	Office Addre	<u></u>				?
					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.

Ciiv

7/19/2023 13:04:56 PC f

To: 18506176383

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From: Registered Agents Inc.

Fax: 8134365206

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	GRIFFIN, TIMOTHY	29 Red Clover Lane	
		Palm Coast, FL 32164	□Remove
			<b>∭</b> Change
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Effective date, if other tha	an the date of filing:		(optional)	
I an effective date is listed, the d Note: If the date inserted in	ate must be specific and cannot be pri this block does not meet the appl the Department of State's record	or to date of filing or more than icable statutory filing requi	90 days after filing.) Pursuant to 60	5.0207 (3) ted as the
e record specifies a delayed e rd is filed.	ffective date, but not an effective	time, at 12:01 a.m. on the	earlier of: (b) The 90th day afte	er the
Dated July 19th	2023  Signature of a member or aut			
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Typed or printed name of signee