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AHASSEE, FL

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COVER LETTER

Registration Section

TO:

porations				
Trucking LLC				
Name of Lim	ited Liability Company			
	_			
ondence concerning this matter	to the following:			
Vaness Pierre				
	Name of Person			
Immaculate Trucking LLC				
	Firm/Company		202) SE	
620 NE 177 st			ALL OCT	T
	Address		至2	Ī
Miami, Fl 33162			AH! SSEE	m
irtrucklogistics@gmail.com	City/State and Zip Code		O: 59 STATE	
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oncerning this matter, picase ca				
	at ()			
f Person	Area Code Daytime	: Telephone Number		
he following amount:				
S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificat Certified	e of Status & Copy	
Section Corporations 27	Division of Corp The Centre of T	porations allahassee	10	
	Amendment and fee(s) are sub ondence concerning this matter Vaness Pierre Immaculate Trucking LLC 620 NE 177 st Miami, Fl 33162 irtrucklogistics@gmail.com E-mail address: (i) concerning this matter, please can be following amount: □ \$30.00 Filing Fee &	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Vaness Pierre Name of Person Immaculate Trucking LLC Firm/Company 620 NE 177 st Address Miami, Fl 33162 City/State and Zip Code irtrucklogistics@gmail.com E-mail address: (to be used for future annual report notification and the following amount: The following amount: S30.00 Filing Fee & Certified Copy (additional copy is enclosed) SEE Section Corporations Street Address: Corporations Registration Sector Corporations Power of Technical Control of Control	Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Vaness Pierre Name of Person Immaculate Trucking LLC Firm/Company 620 NE 177 st Address Miami, Fl 33162 City/State and Zip Code irtrucklogistics@gmail.com E-mail address: (to be used for future annual report notification) oncerning this matter, please call: Area Code Trucking street Address: Certificate of Status Certificate Copy Certificate (additional copy is enclosed) Section Certificate Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee	Amendment and fee(s) are submitted for filing. Ondence concerning this matter to the following: Vaness Pierre Name of Person Immaculate Trucking LLC Firm/Company 620 NE 177 st Address Miami, Fl 33162 City/State and Zip Code irtrucklogisties@gmail.com E-mail address: (to be used for future annual report notification) oncerning this matter, please call: 1 786 Area Code Terron Area Code Daytime Telephone Number As Sol.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status Size Address: Size Address: Size Address: Size Address: Size Address: Certificate of Status & Certificat copy (additional copy is enclosed) Size Centrol Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Immaculate Trucking LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company	were filed on <u>7/24/2023</u>	and assigned
Florida document number L23000347944		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)		DZ3 C
		FR 8 1
		12 P
'		AH T
Enter new mailing address, if applicable:	·····	FE. TO:
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
	·	<u> </u>
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	address
<u></u>		, Florida
	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 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	Address	Type of Action
MGR	Vaness Pierre	620 NE 177 St Miami, Fl 33162	≡ Add
			□Remove
			☐Change
			Remove SECARTAN
			AAR IO: FEE. FEE. FEE
			□Change
			□Add
			□ Remove
			Change
		 	□Add
			□Remove
			□Change
			□Add
			☐ Remove
			☐ Change

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Onest 23rd, 2023. Onest Signature of a member or authorized representative of a member	is filed.						The 90th day after	the
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