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a/ 10/20/2023

COVER LETTER

Division of Corp	orations	مار در در س	
SUBJECT:	Norelia 3 R	bayes 1 L	
SUBJECT;	Name of Limite	ed Liability Company	
The enclosed Articles of A	amendment and fee(s) are subm	itted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	William	Name of Person	
	Nocelia 3	Bayes Trucking	L.L.C
	1908 Elo:	Ge lage be	
	Edge l	Lood Mut y land 2 City/State and Zip Code m Q Norelia 13a.165T	1040
	E-mail address: (to	City/State and Zip Code MOVELIA BAYEST be used for future annual report notif	Culking Lom
For further information co	ncerning this matter, please call	l:	
William 1	Vorelia	at (571) 286 ((ev 87
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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)
<u>Mailing Address</u> Registration So		<u>Street Address:</u> Registration Sec	tion
Division of Co		Division of Corp	
P.O. Box 6327	1	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	Trucking LLL	2023 CDT 12 PH 5: 22
(<u>Name of the Limited Liability Con</u> (A Florida Limit	mpany as it now appears on our records ted Liability Company)	.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>23000</u> 259573	any were filed on $\frac{7/31/2}{2}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company." the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:	WIA	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:	N/A	
New Registered Office Address:	NUFF Enter Florida street address	
	. Fla	rida
	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 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>	Address	Type of Action
AMB2	Lonette Bayes	717 magnolia ave	_ □Add
		717 magnolia ave behigh ALLES Fl 33972	<u> </u> ⊠ Remove
			□Change
			🗆 Add
			□Remove
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			□Add
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(If an effe Note:	ve date, if other ctive date is listed, t I the date inserted nt's effective date	he date must be sp I in this block do	ecitic and car ses not meet	not be prior the applica	to date of filin	g or mor v filing	e than 90 days	optional) after filing.) I s, this date w	Pursuant to 605. ill not be liste	.0207 (3)(led as the
ne record ord is file	specifies a delayed.	ed effective date	, but not an	effective ti	ne, at 12:01	a.m. or	the earlier (of: (b) The	90th day after	the
Dated _	October	11 th		2023						
		Willen	- /	Welin	<u> </u>					
		v Signa	ture of a men Willi ava	iber or autho	rized represer	itative o	f a member			
					d name of sig					