

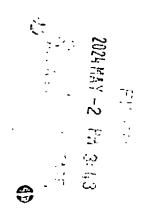
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COVER LETTER

Division of Corporations	
SUBJECT: Cawt Orcus & Shark 1/1.C Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Ex Trucking LC (Alex Brooks))
Ex Trucking LLC	
7980 DENICKSON, Dr.	
Jay F 3210 City/State and Zip Code	
EXTIVEKINGLE G. G. Mandie COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Alex Brooks at (904) 460 · 0313 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
▼ \$25.00 Filing Fee S30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)	us &

Mailing Address:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Court Drown A Short (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2400016657</u>	were filed on Jan 16 2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil. Can't Drown A Shark a LL The new name must be distinguishable and contain the words "Limited Liabil."	C
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	8980 Derrison DC dax F1 32210
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O Box 43475 = Jax A 32203 2
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent: EX ZO New Registered Office Address: 3980	
Tackson New Registered Agent's Signature, if changing Registered Agent:	VILE Florida BOSIO Zap Code

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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR_	Alexander C Brooks jr	PO BOX 43475	ŒAdd
		Jex F1 32203	□ Remove
	_		□ Change
MBL	TEMPERANCEI Blaker	P.O Box 49475	
		Jex F1 32203	Tremove
			□Change
			🗆 Add
			□Remove
			☐Change
		_	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an effective Note: If the	date, if other than the date of filing: 4254 (optional) c date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the s effective date on the Department of State's records.
If the record sperecord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Signature of a member or authorized representative of a member
-	Alexander C Brooks Typed or printed name of signes