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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : I20170000056 Phone

Fax Number'

: (954)842-2931

: (954)842-2936

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		•	•	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRUCKING SP, LLC.

Certificate of Status	0
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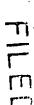
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## **COVER LETTER**

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SUBJECT:		G SP, LLC.		
Subjecti _			mited Liability Company	
The enclosed a	Articles of .	Amendment and fee(s) are su	bmitted for filing.	
Please return a	li correspoi	ndence concerning this matte	r to the following:	
		POLISHCHUK, SERGII		
			Name of Person	
		TRUCKING SP, LLC.		
			Firm/Company	
		137 TORDERA LN		
			Address	<del></del>
		ST AUGUSTINE, FL 320	084	
			City/State and Zip Code	
		POL2013ISCH@GMAIL.0		
		E-mail address:	to be used for future annual report notifi	cation)
For further info	rmation co	ncerning this matter, please o	all:	
POLISHCHUR	·		at () 678-5205 Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
		•••		
Enclosed is a ci	teck for the	following amount:		
<b>■ \$</b> 25.00 Fili	ng 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)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

ij.

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

FILED 2025 JAH 10 PM 5: 11

TRUCKING SP, 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 Compan	y were filed on 01/09/2024	and assigned
Florida document number 124000021322		
This amendment is submitted to amend the following:		
tis amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  If amending name, enter the new name of the limited liability company here:  It amending name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" after new principal offices address, if applicable:  In amending office address MUST BE A STREET ADDRESS)  It amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	N	
Section 1994	And Edition 1997	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<del></del>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new register
Name of New Registered Agent:		
New Registered Office Address	<u></u>	
<del>-</del>	Enter Florida street addre	55
	, Fl	lorida
	Clty	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

٠.	<u>Title</u>	Name	Address	Type of Action
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document's effective date on	die Department of State 3 rec	oras.			
e record specifies a delayed ef rd is filed.	fective date, but not an effect	tive time, at 12:01 a.m. or	the earlier of: (b)	The 90th day after the	
01/10	2025				
Dated	:	<del></del> ·			
5	Sergii Polishchuk	authorized representative o			

Filing Fee: \$25.00