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2024 SEP 18 AHII: 38

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LEE'S TRUCKING SEXCAVATING LLC 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:
Haydee Valderrama Name of Person
Quality Business Solutions, CLC
1229 Providence Blud: Suite
Deltona, FL 32725 City/State and Zip Gode
965.965 1229 6 Yahco.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Haydee Valderrama at (386), 259 - 4971 Name of Person at (386) Daytime Telephone Number
Enclosed is a check for the following amount:
✓ \$25.00 Filing Fee

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

LEE'S TRUCKING (Name of the Limited Liability Comp (A Florida Limited	Dany as it now appears on our Liability Company)	ING LLC			
The Articles of Organization for this Limited Liability Compan Florida document number <u>L24000130968</u> .	y were filed on <u>09</u>	109/2024	1 and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company here:				
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designat	ion "LLC" or the abbr	eviation "L.L.C."		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		U)	202		
Enter new mailing address, if applicable:		ALL AHASS	8 I		
(Mailing address MAY BE A POST OFFICE BOX)		mirá Po	Ž.		
		프롤	:. 		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, enter the name			
Name of New Registered Agent:					
New Registered Office Address:		·.			
	Enter Florida street address				
		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>	<u>Name</u>	Address	Type of Action
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Dated <u>C</u>						1						

Typed or printed name of signee