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COVER LETTER

	ision of Cor					
eranaver.	SNT CARG	O TRUCKING LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please returi	i all correspo	ndence concerning this matter	to the following:			
		KENIA JIMENEZ				
			Name of Persor		 	_
		LAKE BLUE MULISERV	TICES LLC			_
			Firm/Company	<u></u>	- -	7674 SEL
		1971 VALLEY FORGE D	R			SECRE NEW 16
			Address	_		7 第 5
		SAINT CLOUD, FL 3476	3)			
			City/State and Zip C	'ode		- 10
		lakebluem@gmail.com				
			to be used for future ar	inual report notif	ication)	
For further i	nformation c	oncerning this matter, please of	all:			
KENIA JIN	IENEZ		484 at (752-0678		
	Name o	f Person	Area Code	Daytime	Telephone Number	er .
Enclosed is	a check for th	ne following amount:				
3 \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cop (additional copy	oy —	Certifie	ate of Status &
	niling Addres			et Address: gistration Sec	rtion	
	~	Section 'orporations		ision of Corp		
Ρ.0	O, Box 632	.7		Centre of T		810
Ta	Hahassee, l	F1, 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SNT CARGO TRUCKING LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records Liability Company)	.)
The Articles of Organization for this Limited Liability Company Florida document number 1.24000263789	were filed on <u>06/10/2024</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		A C L L L L L L L L L L L L L L L L L L
Enter new mailing address, if applicable:		20-1 P
(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:	address on our records, <u>enter 1</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	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 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
AMBR	CERVANTE SANTANA FRANCISCO	7100 KERSEY STAPT 7216	= Add
		DAVENPORT, FL 33897	□Remove
			☐ Change
			□Remove
			EAdd FOR CITY
			☐ Change
			[]Add
			□Remove
			☐ Change
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