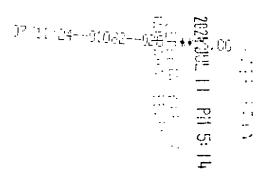
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Office Use Only



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•L. BROWN • JUL 2 3 2024

COVER LETTER

TO: Registration S Division of Co					ů.
	rucking LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			2024 JUL 557 551
	Carmelo Aponte				
	<u></u>	Name of Person			- PH 5:
		Firm/Company			=
	11106 Hidden Breeze Driv	⁄e			
		Address		· 	
	Wimauma, Florida 33598				
	carmeloaponte66@gmail.co	City/State and Zip Coo om (to be used for future annu		action)	
For further information	concerning this matter, please c		iai report nouti	Cattory	
Luz M. Aponte		813 :	296-0063		
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 For Certified Copy (additional copy is		Certified (of Status &
<u>Mailing Addre</u> Registration			Address: stration Sec	tion	
Division of 0	Corporations	Divis	sion of Corp	orations	
P.O. Box 63	L1	i ne t	Centre of Ta	ananassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MELO's Trucking 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 Company were filed on $\frac{06/14/2024}{1}$ and assigned Florida document number L24000272522 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida _ City

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
AMBR	Carmelo Aponte	11106 Hidden Breeze Dr	
		Wimauma, FL 33598	□Remove
			☐ Change
AMBR	Luz M. Aponte	11106 Hidden Breeze Dr	□Add
		Wimauma, FL 33598	□Remove
			■Change
MGR	Sharlyn Aponte	15405 Florida Breeze Loop	⊒ J Add
		Wimauma, FL 33598	Remove
			□ Change
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			□Remove
			□Change
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			□Remove
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			□Add
			□Remove
			□Change

	
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	t.
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than one. If the date inserted in this block does not meet the applicable statutory filing require occument's effective date on the Department of State's records.	(optional) 90 days after filing.) Pursuant to 605.020 ements, this date will not be listed a
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlis filed.	arlier of: (b) The 90th day after the
ated June 24	
Mudel	

Filing Fee: \$25.00