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COVER LETTER

	tegistration Se Division of Cor			
CI:DICCT		AL TRUCKING USA, L.L.C.		
SUBJECT	1 :	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ım all correspe	ondence concerning this matter	to the following:	
		LEOSBANY GARCIA		
			Name of Person	
		LG GLOBAL TRUCKING	GUSA, L.L.C.	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		2110 SW 3RD AVENUE,	UNIT III	
			Address	
		MIAMI. FL 33129		
			City/State and Zip Code	
		ORLANDO.28DIAZ@GM		,
			to be used for future annual report noti	ncation)
For further	r information c	oncerning this matter, please ea	all:	
ORLAND	O DIAZ		305 815-2545 at ()	
	Name o	r Person	Area Code Daytim	e Telephone Number
Enclosed i	s a check for th	ne following amount:		
□ \$25.00	0 Filing Fee	S30.00 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)
B	lailing Addres Registration S	Section	Street Address: Registration Sec	
	Division of C	orporations	Division of Cor	porations

P.O. Box 6327

Tallahassee, FL 32314

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

(Name of the Limited Liabili (A Florida	Ity Company as It now appears on our real Limited Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability C Florida document number <u>L24000446059</u>	Company were filed on 10/18/2024	a	nd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	"LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:	<u></u>		
Principal office address MUST BE A STREET ADDI	RESS)		20
		FO	124
		in far Text	<u> </u>
Enter new mailing address, if applicable:		また およ	25
Mailing address MAY BE A POST OFFICE BOX)		25. 25.	P [[
		7100 matel	
			C)
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:			he new registe
	Enter Florida street a	ddress	
	Cin	, Florida	Coda
	City	Ziŗ	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	DARWIN GARCIA	2110 SW 3RD AVENUE # 1H, MIAMI, FL 33129	
-			□Remove
			□Change
			□Remove
			□Add
			□Remove
			Change
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E. Effect	ive date, if other than the da fective date is listed, the date must be		/18/2024	ration of the second	(option:	al)	0202
Note:	If the date inserted in this block	does not meet t	he applicable stat	ntory filing requ	in 90 days after fill firements, this d	ng.) Pursuant to 605.9 ate will not be liste	d as
docum	ient's effective date on the Depa	rtment of State	s records.				
t`thu maa-	d specifies a delayed effective d	ua hutnatan	Marting time of 1	7:01 am an the	angliag 30 /6V	The Oak day at	· thu
ecord is fi		ne, out not an e	neenve une, at i	2.01 a.m. or are	earner or. (D)	The sour day and	uic
	NOVEMBER 18TH	3 0	24				
Dated	NOVEMBER 18TH		· · ·				
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