## L24000446814

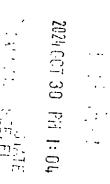
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## **COVER LETTER**

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT: MASHNI TRUCKING 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:
Eed A. Mashni Name of Person
Mashni trucking LLC
6650 38th Ln. E
Sara So-tal FL 34243 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Eed A. MaShni at (602) 214-3317  Name of Person at (602) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fec \$\Bigcup \\$30.00 Filing Fec & \Bigcup \\$55.00 Filing Fec & \Bigcup \\$55.00 Filing Fec & \Bigcup \\$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mashni trucking LL	C
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.)
The Articles of Organization for this Limited Liability Company were file Florida document number <u>L24006446814</u>	d on 10)2 11,000 30 PH 1:06
This amendment is submitted to amend the following:	·
A. If amending name, enter the new name of the limited liability com	oany here:
The new name must be distinguishable and contain the words "Limited Liability Comparation of the Comparation	ny," 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 o agent and/or the new registered office address here:	n our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	inter Florida street address
·	
City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to act provisions of all statutes relative to the proper and complete performancept the obligations of my position as registered agent as provided being filed to merely reflect a change in the registered office address, company has been notified in writing of this change.	ance of my duties, and I am familiar with and for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

Af 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 Address Title Name<sub></sub> Type of Action FL 34243 6650 38th Ln. & Sarasot Eed Mashni MGR ☐ Remove □ Change AMBR Amanda Mashni 6650 38th Ln. E. Surasota Exam. FL 34243 □Remove -AMBR Change □Rcmove Change AMBR Eed Mashni Remove Change □Add \_ 🗆 Remove \_ 🗆 Change □Add Remove \_ Change

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	<del></del>
	<u> </u>
,	
Note:	ive date, if other than the date of filing: \( \sum \)
the recordis fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	10/21/2024  Signature of a member or authorized representative of a member
	Eed A. MASHO I

Filing Fee: \$25.00