

W19000026883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

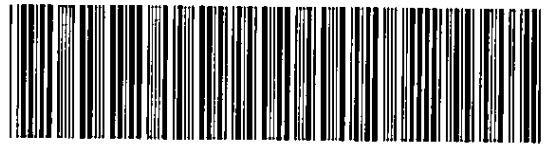
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUL 15 PM 3:07

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SMART TRUCKS 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:

YOENIA GUEVARA
Name of Person
Firm/Company
8404 WILSKY BLVD #109
Address
TAMPA/FLORIDA 33615
City/State and Zip Code
smartrucks54@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YOENIA GUEVARA at (813) 8382324
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 Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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DIVISION OF CORPORATIONS
JUL 15 PM 2:17

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SMART TRUCKS 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 01/25/2019 and assigned Florida document number L19000026883.

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)

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DIVISION OF CORPORATIONS
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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: YOENIA GUEVARA

New Registered Office Address: 8404 WILSKY BLVD #109

Enter Florida street address

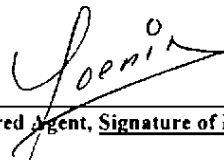
TAMPA, Florida 33615

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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGR	YOENI GUEVARA	8404 WILSKY BLVD #109	<input checked="" type="checkbox"/> Add
		TAMPA FL 33616	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MANAG.	LINA M DURAN	5534 HANZEL STREET SUITE F	<input type="checkbox"/> Add
		ORLANDO FL 32809	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
DIRECTO	HERNANDO J ORTIZ	5534 HANZEL AVE SUITE F	<input type="checkbox"/> Add
		ORLANDO FL 32809	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
DIRECTO	LUIS LOPEZ	8404 WILSKY BLVD #109	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33635	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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JUL 15 PM 2:07

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated JULY, 7 2022

Signature of a member or authorized representative of a member

YOENIA GUEVARA

Typed or printed name of signee

Filing Fee: \$25.00