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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRUCKING PERMITS AND MORE LLC

: (813)877-2186

Account Number : 120140000047 Phone : (813)774-4726

અહિંદ ≁Enter the email address for this business entity to be used fo of the વાતામાં annual report mailings. Enter only one email address pleasemaka

Email Address:_____

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ELLC AMND/RESTATE/CORRECT OR M/MG RESIGN BAAV TRUCKING LLC

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To:

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COVER LETTER

TO: Registration Division of C		
BAAV	FRUCKING LLC	
SUBJECT:	Name of Li	imited Liability Company
The sandoud Amila		
	of Amendment and fee(s) are st	
Please return all corres	pondence concerning this matte	er to the following:
	JUAN ALVAREZ ROJA	nS
		Name of Person
	BAAV TRUCKING LLC	<i>:</i>
		Firm Company
	9317 N 28TH ST	
		Address
	Tampa, FL 33612	
		City State and Zip Code
	ARASAYALVAREZ1991	(g)GMAIL.COM (to be used for future annual report notification)
For further information	concerning this matter, please of	·
JUAN ALVAREZ RO		
		at () Area Code Daytime Telephone Number
Name	or rerson	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 & □ \$60,00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60,00 Filing Fee, Certificate of Status of Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 632	Section Torporations	Street Address: Registration Section Division of Corporations
Tallahassee,		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

1 - Page: 4 of 7

Τo

ARTICLES OF AMENDMENT TO ! ARTICLES OF ORGANIZATION OF

" BAAV TRUCKING LLC	Attabilla Caman	ni as it non appears on our records.)	
(Name of the Limit)	(A Florida Limited I	ny ay it now appeary on our records.) lability Company)	
The Articles of Organization for this Limited Li Florida document numberL19000243966	ability Company	were filed on	and assigned
his amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
he new name must be distinguishable and contain the w	ords "Limited Liebi	hty Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		9317 N 28TH ST	
Principal office address MUST BE A STREE		TAMPA, FL 33612	
Trincipal office dadress in 0.51 biz 7. 0.1.105.			
and the second s		9317 N 28TH ST	
Enter new mailing address, if applicable:	ROV)	TAMPA, FL 33612	
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office ss here: JUAN ALVAI		ame of the new register
	9317 N 28TH	ST	ASS ASS
New Registered Office Address:	TAMPA	Enter Florida street address Florida	FE STA
		City	4; C. C.
New Registered Agent's Signature, if changing	Registered Agent	<u>:</u>	
I hereby accept the appointment as register			agree to comply with t

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

Page: 6 of 7

<u>Title</u>	Name	Address	Type of Action
MGR	ISMARAY VELAZQUEZ ORTIZ	9317 N 28TH ST	
		TAMPA, FL 33612	Remove
			□Change
MGR JUAN ALVAREZ ROJAS	JUAN ALVAREZ ROJAS	9317 N 28TH ST	≘Add
	TAMPA, FL 33612		
			□Change
			☐Remove
			☐ Change
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			[]Change
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ffective date, if other th an effective date is listed, the o	an the date of filing: (optional ate must be specific and cannot be prior to date of filing or more than 90 days after filing) g.) Pursuant to 605.0207
ote: If the date inserted in	this block does not meet the applicable statutory filing requirements, this dat it the Department of State's records.	
record specifies a delayed is filed.	ffective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) T	he 90th day after the
06/16 ated	2025	
	Le Colvir	
	Signature of a member or authorized representative of a member	