

121000444222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

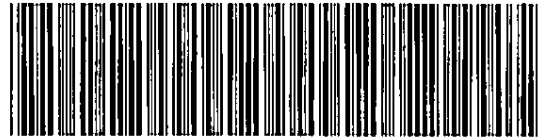
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2022 JUN 21 AM 9:10

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SEP - 9 2022  
S. PRATHEF

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EUPHEMIA TRUCK 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:

NINOTCHKA HECHT

\_\_\_\_\_  
Name of Person

FAST FILING SERVICES LLC

\_\_\_\_\_  
Firm/Company

10450 NW 33RD ST STE 305

\_\_\_\_\_  
Address

DORAL FL 33172

\_\_\_\_\_  
City/State and Zip Code

fastfilingservices@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NINOTCHKA HECHT

786 762-2048  
at ( )

\_\_\_\_\_  
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

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

EUPHEMIA TRUCK LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/11/2021

Florida document number L2100044222

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

N/A

**(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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

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 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>
AMBR	TIAGO EZEQUIEL LATINI	2900 NW 36TH ST	<input checked="" type="checkbox"/> Add
		MIAMI FL 33142	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	YAMILA Y GIARDINA PAPA	2900 NW 36TH ST	<input type="checkbox"/> Add
		MIAMI FL 33142	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *Attach additional sheet (sheets are)*

N/A

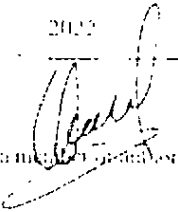
Multiple horizontal dashed lines for amending information.

E. Effective date, if other than the date of filing: on 12/30/22 (optional)

If an effective date is listed, the date must be specific and cannot be "prospective date" (i.e. effective 90 days after filing). Pursuant to (FS) 207.24(3) **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 12:00 a.m. on the earlier of (b) The 90th day after the record is filed

Dated JUNE 13 2022



Signature of a member of the authorized representative of a member

YAMILA Y GARDINA PAPA

Full or partial name of signer

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2022 JUN 21 AM 9:10  
TALLAHASSEE, FLORIDA