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To

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name :: LAXMY'S CARRIER SERVICES
Account Number :: I20040000007

Phone : (305)640-0281 Fax Number : (305)489-2902

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LOZADA TRUCKING, LLC

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Corporate Filing Menu

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MAY 1 0 2023

K. Brumbley

	•	COVER LETTER
TO: Registration S Division of Co		
LOZADA	TRUCKING LLC	
SUBJECT:	Name of Lin	nited Lumbility Company
The enclosed Articles of	f Amendment and fee(s) are sul	binited for filing.
Please return all corresp	ordence concerning this matter	to the following:
	NARCE R PEREZ	
		Name of Person
	LOZADA TRUCKINO, I	T.C.
	***************************************	Firm/Company
	2501 SOUTH OCHAN DI	RIVE #1509
	· · · · · · · · · · · · · · · · · · ·	Address
	HOLLYWOOD, FL 3301	9
	at height spaties, and propaga this traditions in head a second or second spaties.	City/State and Zip Code
	LOZADATRUCKING@G	MAIL.COM
	E-mail address: (to be used for future amount report notification)
For further information of	concerning this matter, please ca	aH:
LAXMY CHACON		11 ³⁰⁵ (440 - 0281
Name o	f Person	at (Daytime Telephone Number
inclosed is a check for the	be following amount:	; 1
₩ \$25.09 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (200 Gidinal copy is carbood) Continue of Status Certified Copy (additional copy is carbood)
	Certificate of Status	Certified Copy Certificate of Status (socitional copy is enclosed) Certified Copy (selditional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Certificate of Status Section Orporations 7	Certified Copy Certificate of Status (socializate copy is carbosed) Certified Copy (solditional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee
<u>Mailing Addres</u> Registration S Division of C	Certificate of Status Section Orporations 7	Certified Copy Certificate of Status (socitional copy is carbosed) Certified Copy (solditional copy is encios Street Address: Registration Section Division of Corporations
Mailing Address Registration S Division of C P.O. Box 632	Certificate of Status Section Orporations 7	Certified Copy Certificate of Status (auditional copy is carbosed) Certified Copy (additional copy is encios Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Page: 3 of 5

From: LAXMY CHACON

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOZADA TRUCKING LLC	3	į		
(Name of the Limit	ed Liability Compan	y as it no	w appears on our records.)	
	; (A riorus Limied Li	nonnty Ca	ompany)	
The Articles of Organization for this Limited Li	sbility Company v	were file	ed on 10/01/2010	and assigned
Florida document number L10000103275	<u>:</u>	•		
This amendment is submitted to amend the following	; iwing:			
A. If amending name, enter the new name of	; the limited liabil	lity com	pany here:	
	; ;	;	.	
The new name must be distinguishable and contain the we	ords "Limited Liabili	у Сопра	ny," the designation "LLC" or the abbrevi	etion "L.L.C."
Enter new principal offices address, if applica	ble:	580 NE	F160TH ST	
(Principal office address MUST BE A STREE	(ADDRESS)	OKEE	CHOBEE FL 34972	
	•	:	1	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE I	BOX)			
	:		<u> </u>	
R. If amonding the peristand count and/or we	Habarra affice			
B. If amending the registered agent and/or re agent and/or the new registered office address	gistered omce at <u>chere</u> :	iuress o	n our records, <u>enter the name or</u>	ine new registered
	1		1]	373
Name of New Registered Agent:	I NARCE R PERE	z		<u>.</u>
Traine of frew Registered Agent.				
New Registered Office Address:	2501 SOUTH O		·!	<u></u>
		Fi :	Inter Florida street address	
	HOLLYWOOD		, Florida ³³⁰¹⁹	· <u>=</u> :
	:	Cin		p Code ··· ⇔
New Registered Agent's Signature, if changing Re	egistered Agent;	}	i •	33

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

MGR = 3 AMBR ≈ 3	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	LIUDMILA F VELOZ	2501 SOUTH OCEAN DRIVE #1509	
		HOLLYWOOD, FL 33019	□ Remove
		·	Change
		<u> </u>	
			□Remove
			☐ Change
/ ************************************			∏Add
			□Remove
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			□ Remove
			Change

	•			
D. If amouding any other h	nformation, enter ch	ange(s) here: (Attach)	additional sheets, if neces	sary.)
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E. Effective date, if other the	an the date of filing:		(option	al)
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Dated MAY 9TH	A	2023		
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