## 20126968

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:		
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)	
(City/State/Zip/Phone #)    PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status		
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)	—
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status		
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	į	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)	_
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status		
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zin/Phone th	_
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Filone #)	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status		
(Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL	
(Document Number) Certified Copies Certificates of Status	<u> </u>	
(Document Number) Certified Copies Certificates of Status		
Certified Copies Certificates of Status	(Business Entity Name)	
Certified Copies Certificates of Status	[	
;   	(Document Number)	
;   		
;   		
Special Instructions to Filing Officer:	Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	<u> </u>	
Special Instructions to Filing Officer:		$\neg$
	Special Instructions to Filing Officer:	
	` <u> </u>	
<u> </u>		

Office Use Only



500305318965

11/06/17--01028--003 \*\*25.00

A CHARLONS

NOV 2 2 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations	
YASMANY JOMOLCA LLC SUBJECT:	
	of Limited Liability Company
The enclosed Articles of Amendment and fee(s) a	ire submitted for filing.
Please return all correspondence concerning this r	matter to the following:
YASMANY JOMO	LCA
	Name of Person
YASMANY JOMO	LÇA, LLC.
	Firm/Company
10379 RACHEL CH	HERIE DRIVE
	Address
POLK CITY, FL 33	868 
IONOL 1070 CHOTS	City/State and Zip Code
JOMOL1978@HOTS E-mail add	MAIL.COM
For further information concerning this matter, plo	
YASMANY JOMOLCA	863 845-6041
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	i . 1 1
■ \$25.00 Filing Fee Certificate of Sta	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF		281
	Joa uC	VGN
(Name of the Limited Lighility Company as	it now appears on our records.)	
The Articles of Organization for this Limited Liability Company were Florida document number <u>L10000/36968</u> .	10/ /2010	and assigned
This amendment is submitted to amend the following:		; •
A. If amending name, enter the new name of the limited liability	company here:	
M.B.Y Trucking, LLC		
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		7 Z "T
(Principal office address MUST BE A STREET ADDRESS)		2 2
		0 1
		ž D
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		·
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter t	he name of the nev
Name of New Registered Agent:		
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 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>		Address	Type of Action
	<del></del>			Add
				□ Remove
				Change
	<del></del>			Add
				□ Remove
				Change
				Remove (1)
				☐ Remove
				Change
				□ Remove
				Change
		<u>;</u> ;		□ Add
			<del>-</del>	☐ Remove
				☐ Change

If amend	ling any other information, enter change(	(s) here: (Attach additional sheets, if necessary.)
•	<u> </u>	
<del></del>		
		يند ينيا
	i i	3 5 7
		20
		PH IT
		<del></del>
		<u> </u>
		<del></del>
Effording	data if other than the data of Clina	(antional)
If an effecti <u>Note:</u> If t	e date, if other than the date of filing: ive date is listed, the date must be specific and cannot the date inserted in this block does not meet the t's effective date on the Department of State's	(optional) be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (a applicable statutory filing requirements, this date will not be listed as the records.
ne recor The 90	rd specifies a delayed effective date, t Oth day after the record is filed! 	out not an effective time, at 12:01 a.m. on the earlier of:
Dated	November 15/ 2	<u>017</u> .
		· L. L. L.
		or authorized representative of a member
	Yasma	any Jomo/Ca or printed name of signee
		<u> </u>
	Typed	or printed name of signee

Filing Fee: \$25.00