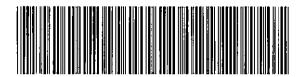
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(Requestor's Name)	_
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COVER LETTER

TO:

	tration Seon of Cor			20
	EACO TR	UCKING MORERA LLC		1024 OCT
SUBJECT: _		Name of Limi	ited Liability Company	2024 OCT 25 MY 9:2
The enclosed A	articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return al	ll correspo	ndence concerning this matter	to the following:	·
		YAMILKA SANCHEZ		
			Name of Person	
		DEACO TRUCKING MO	RERA LLC	
			Firm/Company	
		454 SE 10TH CT		
			Address	
		HIALEAH FL 33010		
			City/State and Zip Code	
		DEACOMORERALLC@G	MAIL.COM to be used for future annual report noti	fication)
For further info	ormation co	oncerning this matter, please ca	•	·
YAMILKA SA	ANCHEZ		786 985-3070 at ()	
-	Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed is a c	heck for th	e following amount:		
■ \$25.00 Fili	ing 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)
Regis Divis P.O.	Box 632	Section orporations	Street Address: Registration Set Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Callahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEACO TRUCKING MORERA LLC

company has been notified in writing of this change.

(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 01/28/2016	and assigned
Florida document number L16000020161		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
DEACO MORERA LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)		
		CAL
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	ie name of the new registered
agent many of the new regarded with the same of the sa		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	·
	Flor	ida
	City	ida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is

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 = M $AMBR = A$	lanager .uthorized Member		2024 OC - 10.
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add 9
			□Remove
			□Change
			□Remove
			Change
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Note: If the date ins	ther than the date of ted, the date must be spe- erted in this block does date on the Departme	es not meet the app	olicable statutory	or more than 90 days	ptional) after filing.) Pursuant to this date will not be	605.0207 listed as
1	elayed effective date,	but not an effectiv	re time, at 12:01 a	.m. on the carlier of	f: (b) The 90th day	after the
rd is filed. OCTOBER 1		, 2024	·			
rd is filed. OCTOBER 1	Vin	,	<u> </u>			
rd is filed. OCTOBER 1	Vin	,	uthorized represent	ative of a member		_