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(Re	questor's Name)	
—————(Ad	dress)	11-15 A1-16
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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9/6

COVER LETTER

TO: Registration Secti Division of Corpo			s
SUBJECT:	Trucks Name of Limite	ACCIVE ed Liability Company	USA LLC
The enclosed Articles of An	nendment and fee(s) are subm	itted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	Fabi	ola CABA Name of Person 45 Arrive	llero
	Truck	45 Arrive	USA LLC
		Firm/Company	
	962 he	ake Destinu	1 RD unit B
	Altamoi	City/State and Zip Code SAY I VE SAY be used for future annual report notification	5 Fl 32714
For further information cond	cerning this matter, please call	:	
Fabiola Name of Pe	Caballe	at (321) 217- Area Code Daytime Tel	9183 ephone 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trucks	Arriv	e U5/	7 LLC	,	
(Name of the Limited (A	Liability Company Florida Limited Li	y as it now appears on ability Company)	our records.)		
The Articles of Organization for this Limited Liab			3/4/20	(and assigned	
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	he limited liabil	ity company here:			
The new name must be distinguishable and contain the word		y Company," the design	ation "LLC" or the al	bbreviation "L.L.C."	_
(Principal office address MUST BE A STREET)		·		Annua Control	_
Enter new mailing address, if applicable:				6 PUG 31	
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			EG .	المعتمد
B. If amending the registered agent and/or registered agent and/or the new registered office			r records, <u>enter</u>	the name of the	new
Name of New Registered Agent:	<u>Fa</u>	biola	Cab	allero	-,,
New Registered Office Address:	962	Lake I Enter Florida si	Destinu	1 2D SL	たる
	Altamo	nte Spring	, Florida	32714 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.

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 Title Name Del Valle 962 h □ Change MGR Fabiola Caballero 967 LA ☐ Change □ Add ☐ Remove □ Change ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove □ Change

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	an effective date is listed	d, the date must be spe	ecific and cannot be	prior to date of filing	or more than 90 days afte	r filing.) Pursuant to 605.0
ffective date, if other than the date of filing:(optional) an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02	Note: If the date inser locument's effective d	ted in this block do late on the Departm	oes not meet the a nent of State's rec	pplicable statutory ords.	filing requirements, th	is date will not be listed
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed						<i>></i> 0
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ocument's effective date on the Department of State's records.	a record enacified			t not an effecti	ve time, at 12:01	a.m. on the earlier
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The 90th day after the record is filed. Solution: The 90th day after the record is filed.	The 90th day aft	126	. 20)IV. ,		m;–<
The 90th day after the record is filed.		126	<u>}C</u>	$\frac{1}{2}$	0	

Page 3 of 3

Filing Fee: \$25.00

Feel free to give us a call ib you have any questions

Mailing: address: 962 Lake Destiny R.D unit B Altamonte Springs F1 32714

Phone: 321-217-9183

Email: Trucksarrive & yahoo.com

Jahnola Complero

Javier DD Jalle