## L17000035078

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	gistration Sec ision of Corp		***			
eudieæe.	RAVA TRU	ICKS COMPANY LLC	1			
SUBJECT:		Name of Lim	ited Liability Company	<del></del>		
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		ANGEL R. MATOS ROJA	NS			
			Name of Person			
			Firm/Company			
		7600 SOUTHLAND BLV	D., STE 105			
			Address	<del></del>		
		ORLANDO, FL 32809				
		City/State and Zip Code angel.matos1@gmail.com				
		E-mail address: (	to be used for future annual report no	otification)		
For further i	nformation co	ncerning this matter, please ca	all;			
			407 470-2478			
	Name of	Person		me Telephone Number		
Enclosed is	a check for the	e following amount:				
■ \$25.00 F	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

RAVA TRUCKS COMPANY LLC	
(Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa	npears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed or	n 02/13/2017 and assigned
Torida document number L17000035078	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	ny here:
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:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
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B. If amending the registered agent and/or registered office addres	
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Ente	r 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

olf 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 Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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tive date, if other than the date of filing:	(optional)	
Tective date is listed, the date must be specific and cannot be prior to date of filing If the date inserted in this block does not meet the applicable statutor.		
ment's effective date on the Department of State's records.		
cord specifies a delayed effective date, but not an effect e 90th day after the record is filed.	tive time, at 12:01 a.m. on th	ie ear
OCTOBER 31st 2017		
// T. I.	^	

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Typed or printed name of signee

Filing Fee: \$25.00