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## COVER LETTER

יוט	ision of Corp	orations		
UBJECT:	CYLA TRU	CKIN LLC		
onale.		Name of Limi	ted Liability Company	
ne enclose	d Articles of A	amendment and fee(s) are sub-	nitted for filing.	
ease returi	all correspon	idence concerning this matter	to the following:	
		GERARDO HURTADO C	ORCHO	
			Name of Person	<del></del>
		3021 EAGLE CROSSING	Firm/Company	· · · · · · · · · · · · · · · · · · ·
			Address	
		KISSIMMEE, FL 34746	CiviCut 17i- C. I	
		F-mail address: ti	City/State and Zip Code to be used for future annual report notif	icution)
or further i	nformation co	ncerning this matter, please ca		ication
ERARDO	HURTADO	CORCHO	352 225-8076 at ()	
	Name of	Person	Area Code Daytimo	: Telephone Number
inclosed is	a check for the	e 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** 

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CYLA TRUCKING LLC (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 \_\_\_\_\_\_ and assigned Florida document number \_\_\_\_\_\_L17000147385 This amendment is submitted to amend the following: ٠. A. If amending name, enter the new name of the limited liability company 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: 3 (Principal office address MUST BE A STREET ADDRESS) 5 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) w B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

## 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>	<u>Address</u>	Type of Action
MGR	YANIUSKA MARTINEZ	3021 EAGLE CROSSING DR	·· <u>*</u>
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Typed or printed name of signee

Filing Fee: \$25.00