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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OYEM TRUCKING, LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

OCT 2 2 2018

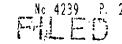
Electronic Filing Menu

Corporate Filing Menu

Oct. 21. 2019 2:59PM

Best Vision Accounting

ARTICLES OF AMENDMENT TO



ARTICLES OF ORGANIZATION **OF**

2018 OCT 21 P 埼海q

| OYEM TRUCKING, LLC | | The Augmont of the Con- |
|--|---|---|
| (Name of the Lim | ited Linkillty Company as it now app (A Florida Limited Liability Compan | y) |
| The Articles of Organization for this Limited I | Liability Company were filed on | 11/02/2017 and assigned |
| Florida document number L17000242930 | · | |
| This amendment is submitted to amend the fol | lowing: | |
| A. If amending name, enter the new name | of the limited liability company | <u>here</u> : |
| The new name must be distinguishable and contain the | words "Limited Linbility Company," th | he designation "LLC" or the abbreviation "L.L.C." |
| | icable: | |
| Enter new principal offices address, if appil | | |
| Enter new principal offices address, if appli (Principal office address MUST BE A STRE | | |
| • | ET ADDRESS) | |
| (Principal office address MUST BE A STRE Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent ap- | ET ADDRESS) BOX) d/or registered office address | on our records, enter the name of the n |
| Principal office address MUST BE A STRE Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent ap- | ET ADDRESS) BOX) d/or registered office address | on our records, enter the name of the n |
| (Principal office address MUST BE A STRE Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC) B. If amending the registered agent an- registered agent and/or the new registered | ET ADDRESS) EBOX) d/or registered office address office address here: RAUL LOPEZ 11401 SW 40 STREET STE 2 | :65 |
| (Principal office address MUST BE A STRE Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC) B. If amending the registered agent and registered agent and/or the new registered Name of New Registered Agent: | ET ADDRESS) EBOX) d/or registered office address office address here: RAUL LOPEZ 11401 SW 40 STREET STE 2 | |

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 herely confirm that the similed liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

10/21/2019 15:29

3052201440

Oct. 21. 2019 2:59PM Best Vision Accounting No 4239 P. 3
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each nerson being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name ORENCIO RUIZ | Address 11401 SW 40 STREET STE 265 | Type of Action |
|--------------|----------------------|------------------------------------|----------------|
| MGR | | | |
| | | MIAMI, FL 33165 | ■ Remove |
| | | - | □ Change |
| MGR | RAUL LOPEZ | 11401 SW 40 STREET STE 265 | Add |
| · | | MIAMI, FL 33165 | |
| | | | El regrapos |
| | | | Change |
| | | | |
| | | | ☐ Remove |
| | | | Change |
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| | | | Remove |
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| | | | D Add |
| | | | □ Remove |
| | | | Change |

| 019 15:29 30 | | | CORPORATE | | PAGE |
|---|---|-------------------------------------|-------------------------|--|-------------|
| Oct. 21. 2019 2:5 II amending any othe | 9PM Best Vision er information, enter ch | Accounting unge(s) here; (Attach oc | iditional sheets, if ne | No 4239 i cessa ju) | ?. 4 |
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E. Effective date, if other than the date of filing:

(If 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 605,0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12;01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 21

Signature of a member representative of a member RAUL LOPEZ

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00