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DIVISION OF CORPORATION

N COOPER JUN 1 3 2018

COVER LETTER .

TO: Registration Section Division of Corporations	
SUBJECT: Puentes Truck. Name of Limi	ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter t	to the following:
Yaney (Sui/107 Name of Person	
Firm/Company	
4530. E. 8ct. Address	
Flialuh, Fl 330/3 City/State and Zip Code	
Vaneya44a)amuil com /E-mail address: (to be used for future annual report	
For further information concerning this matter, please ca	11:
Varely Guild at (7) Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
□ \$25 Filing Fee	S55 Filing Fee & Certified Copy

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Mentes Truck (Name of the Limited Liability Co	ing LLC	s on our records.)		
A Florida Limi The Articles of Organization for this Limited Liability Comp Torida document number <u>L/8000/38 35 3</u> .	ited Liability Company)	10/4/18	and ass	signed
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :		
he new name must be distinguishable and contain the words "Limited I	Liability Company," the d	esignation "LLC" or the abbi	reviation "L	.1C."
Enter new principal offices address, if applicable:				₹ ¥
Principal office address MUST BE A STREET ADDRESS	<u> </u>		J Z	SEC.
				- 222 - 공축구
inter new mailing address, if applicable:			7	900 900 900
Mailing address MAY BE A POST OFFICE BOX)				2.5.
		<u> </u>		"
3. If amending the registered agent and/or registered		our records, enter t	he name	of the
egistered agent and/or the new registered office address		4		
Name of New Registered Agent: HM7	tonio Pyen	7165		
New Registered Office Address:	Enter Flor	ida street address	_	
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Ag	ent:			
hereby accept the appointment as registered agent and	agree to act in this c	vapacity. I further agre	e to com	oly with

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>	Address	Type of Action
MAR	Antonio Ruantes	1400 W. 41 St Apt. C	B_Xdd
		1400 W. 41 st Apt. C Higleah, FL 33012	□ Remove
			Change
AMBR	Yanay Guillot	4530 E.8ct	
	ı	Hialeah, Fl 33013	□ Remove
			Change
			Add
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E. Effective date.	if other than the	date of filing:	6-8-	18	(ор	tional)	
(If an effective date	e is listed, the date must te inserted in this blo	t be specific and ca	innot be prior to o	late of filing or me	re than 90 days aft	er filing.) Pursuant t	o 605.020 <mark>7</mark> e listed as
	ective date on the De				•		
If the record co	ecifies a delayed	offostivo dol		n affactive ti	ma at 12.01		وم سمناسم
	ay after the reco		.e, but not a	ii ellective ti	me, at 12.01	a.m. on the e	arner or
Dated		<u> </u>	<u> </u>				
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	U),	My C. W. Signature of a me	N.C.				

Page 3 of 3

Filing Fee: \$25.00