L18000216107

(Re	equestor's Name)	
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COVER LETTER

Registration Section Division of Corporations

TO:

21.13.0 0 0	. F			8 ,
OLID HILOTTI	RUCK MIAMI LL C			(G)
	Name of Lim	nited Liability Company		, 2,
			`:	121 AN SI 15
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		, Ç;
Please return all correspondent	ondence concerning this matter	to the following:		r č
	AVILA LORAINE			
		Name of Person		
	AVILA TRUCKS MIAMI	LLC		
		Firm/Company		
	12401 W OKEEECHOBE	E RD LOT 138		
	<u></u> .	Address		
	HIALEAH GARDENS, FI	LORIDA 33018		
	AVILALORAINE@GMAI	City/State and Zip Code L.COM		
	E-mail address: (to be used for future annual report not	ification)	
For further information of	concerning this matter, please c	all:		
AVILA LORAINE		786 394 3218		
Name (of Petson		ne Telephone Number	
Enclosed is a check for t	he 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 \$1a Certified Copy tadditional copy is e	atus &
Regist Divisi P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co	on rations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AVILA TRUCKS MIAMI 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 09//11/2018	and assigned
Florida document number <u>L18000216107</u>		, c
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	lity Company," the designation "L	LC" 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)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		rds, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
		Florida
	•	Zip Code
New Registered Agent's Signature, if changing Registered Agent		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, provided for in Chapter 60.	and I am familiar with and 5, F.S. Or, if this document is
If Cha	nging Registered Agent, Signatur	re of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	KIRENIA PAREDES	12401 W OKEECHOBEE RD LOT 138 HIALEAH GARDENS	= Add
			Remove
			□ Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change
			Add
			Remove
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			Remove
			Change

OCTOBER 19, 2019 C. Effective date, if other than the date of filing: (If an effective date is listed, the date easilities and canado be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(Nutry If the date inserted in this block does not need the applicable statutory filing requirements. Usis 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 19 2019 Ref. Signature of a member of authorized representative of a member Kiraja Rarabess Typed or practed name of signee		<u> </u>	
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\sim 1		RP.	
Kirenia Paredes			Signature of a member or authorized representative of a member
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		Kirenia	Tales es

Page 3 of 3

Filing Fee: \$25.00

