

L19000013L39

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

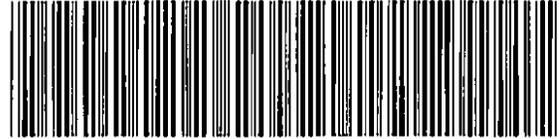
(Document Number)

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OCT 15 2024

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2024 OCT 21 10:50



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 1, 2024

YADENYS VALDES  
JSIERRA TRUCKING LLC  
16123 INDIAN MOUND RD  
TAMPA, FL 33618

AUG 26 2024

SUBJECT: JSIERRA TRUCKING LLC  
Ref. Number: L19000013639

We have received your document for JSIERRA TRUCKING LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L24000325027.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

RUSSELL L HUNT  
Regulatory Specialist III

Letter Number: 324A00017060

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** JSIERRA TRUCKING LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

YADENYS VALDES

\_\_\_\_\_  
Name of Person

JSIERRA TRUCKING LLC

\_\_\_\_\_  
Firm/Company

16123 INDIAN MOUND RD

\_\_\_\_\_  
Address

TAMPA FL 33618

\_\_\_\_\_  
City/State and Zip Code

YADE3511@YAHOO.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YADENYS VALDES

813 3254351  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

2024 AUG 23 11:10:49

JSIERRA 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 01/11/2019 and assigned Florida document number L19000013639.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

BLVD MANAGEMENT LLC

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:**

16123 INDIAN MOUND RD

**(Principal office address MUST BE A STREET ADDRESS)**

TAMPA FL 33618

**Enter new mailing address, if applicable:**

16123 INDIAN MOUND RD

**(Mailing address MAY BE A POST OFFICE BOX)**

TAMPA FL 33618

**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**

*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**



D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 07/01/2024 (optional)
(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 JULY 9th 2024

Handwritten signature of Yaderis Valdes

Signature of a member or authorized representative of a member

Yaderis Valdes

Typed or printed name of signee