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TALLAHASSEE FL



Division of Corporations Pecos Hauling LLC SUBJECT: 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: Augusto Barboza Name of Person Pecos Hauling LLC Firm/Company 6310 NW 103RD PL 105 Address Doral, FL,33178 City/State and Zip Code pecos659@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Augusto Barboza 786 5600994 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Registration Section

Tallahassee, FL 32314

TO:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pecos Hat	aling LLC		
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	04/16/2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	lity company her	<u>'e</u> :	
Pecos Logistics LLC			
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the des	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	2236 NW 82nd A		
Principal office address MUST BE A STREET ADDRESS)	Doral, FL, 33120	6	2024
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)			SEP 12 PM 5: 44
3. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our re	cords, <u>enter the nam</u>	e of the new regist
Name of New Registered Agent:			
New Registered Office Address:	2236 NW 82		
	Enter Florid Doral	la street address	3126
· · · · · · · · · · · · · · · · · · ·	City	, Florida	2ip 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 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
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			ПRетоve
			□Change
			□Add
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ective date, if o	ther than the date of t	filine:		(optiona	Ð
reffective date is lis	ited, the date must be specifi	ic and cannot be prior	to date of filing or mor	e than 90 days after fili	ng.) Pursuant to 605,020
cument's effective	serted in this block does a date on the Department	t of State's records.	aore statutory ming	requirements, this 08	to will not be listed as
	lelayed effective date, bu	it not an effective ti	me, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
s filed.					
	August 20	2024			
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ted	Signature	ola member or author	orized representative of	f a member	