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COVER LETTER

SUBJECT:Name of Limited Liability Company	
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:	
YOANKI RIVERO RAMOS	
Name of Person	
YONI TRUCKING LLC	
Firm/Company	
2518 GLEASON PKWY	
Address	
CAPE CORAL, FL 33914	
City/State and Zip Code	(3)
yonitruckinglic@outlook.com E-mail address: (to be used for future annual report notification)	. :
For further information concerning this matter, please call:	;
NATALIA CORDOVA 941 227-0509 at (٠,
Name of Person Area Code Daytime Telephone Number	٠,
i i	; r3
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Street Address: Registration Section	
Division of Corporations Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YONI TRUCKING LLC		
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
	(A Florida Emilica Elability Company)	
The Articles of Organization for this Limited I	Liability Company were filed on _05/	16/2019 and assigned
Florida document number L19000132711		
Tional decliness surfaces	 ·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company he	re:
		_
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
T		
Enter new principal offices address, if appli		
(Principal office address MUST BE A STRE.	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and/or	<u>U</u>	cords, enter the name of the new registered
agent and/or the new registered office addr	ess here:	
	W.T.LL. CORPON	
Name of New Registered Agent:	NATALIA CORDOVA	
New Registered Office Address:	2518 GLEASON PKWY	;
Now Registered Office Fluid 1959.	Enter Flori	da street address
	CAPE CORAL	Florida 33914 :
	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.

See HHached

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>	Name	Address	Type of Action
MGR	YOANKI RIVERO RAMOS	2518 GLEASON PKWY CAPE CORAL, FL 33914	□Add
			= Remove
			□ Change
MGR	NATALIA CORDOVA	2518 GLEASON PKWY CAPE CORAL, FL 33914	■Add
			□Remove
			Change
			□Add
			□Remove
		·	Change
			□∧dd
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		<u>.</u>	Change
			🗆 Add
			Remove
			□Change
		<u> </u>	□Add
			□Remove
			Change

		 				
	<u>.</u>					<u>.</u>
ATTACH	$\overline{}$			~		
I, NATALIA CORDOVA	SIGN ACCEI	TING THE RI	ESPONSABILIT	ES OF THIS POS	ITION	
						<u></u>
					:	· }
	-					,
						t)
Effective date, if other than t	he date of fili	ng:		(o	ptional) .	, ,
Affective date, if other than the fan effective date is listed, the date Note: If the date inserted in this document's effective date on the	block does not	t meet the appli	cable statutory fi	ling requirements,	this date will not	t to 605.020 be listed a
e record specifies a delayed effer d is filed.	tive date, but n	ot an effective	time, at 12:01 a.i	n. on the earlier of	: (b) The 90th da	ay after th
Dated		2024	<u> </u>			
		Julen	\setminus			
	Signature of	a member of auti	norized representat	ive of a member		

Filing Fee: \$25.00