L19000178277

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COVER LETTER

Division of Co			* .
UBJECT: <u>Te</u> r	RY & VA ZOI Name of Lin	UEZ TOUCKS, mitted Liability Company	LLC
he enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
		GERAIZDO HEIZ Name of Person	12E1ZA
		Firm/Company	
	294	L EASTLAND 12	₽.
	Moun	OT DOIZA, FL 38 City/State and Zip Code	1757
		to be used for future annual report notif	ication)
or further information c	concerning this matter, please c	all:	
GÌNEU. Name c	A OBANDO OF Person	at (<u>352) 530 -</u> Area Code Daytime	- 5134 Telephone Number
nclosed is a check for t	he following amount:		
\$25.00 Filling 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, F1, 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JERRY & MATINIER TRUCKS

110

(Name of the Limited Lie	ability Company as it now appears on our regards)	
(A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L19000178</u>	ty Company were filed on $07/10/2019$ and assigned 3277	I
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the l	limited liability company here:	
The new name much hadistinguishable and contain the weeks."	"Limited Liability Company," the designation "LLC" or the abbaviation "LLC."	<u> </u>
the new name must be tastinguishable and contain the words.	ALE B	٠; "
Enter new principal offices address, if applicable:	- m m	· 1
(Principal office address MUST BE A STREET AD		
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	F S S	J
Enter new mailing address, if applicable:	FAT 33	
(Mailing address MAY BE A POST OFFICE BOX)	7)	
Training data est mile DE TOTO OF THE BOTY		
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, <u>enter the name of the address here:</u>	<u>e nev</u>
Name of New Registered Agent:		
New Registered Office Address:		
The residence of the regions.	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

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
AHBR	YOLANDA VAZQUEZ LUNA	2941 EASTLAND RD MOUNT DORP, FL 32757	X Add
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lf an effe <u>Note:</u> 1	re date, if other that effice date is listed, the di f the date inserted in nt's effective date on	ite must be specific this block does no	and cannot be pro of meet the app	licable statutory	or more than 90 day	(optional) s after filing.) Purs s, this date will r	uant to 605.0 not be listed)207 (3 Las th
ie reco	ord specifies a de 90th day after the	layed effective e record is file	e date, but r d.	not an effecti	ve time, at 12:	01 a.m. on ti	ne earlier	of:
Dated _	December	02	2019	·				
		Signature of	a mouber or au	thorized represent	ative of a member			
		-	11/25	·-				

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Filing Fee: \$25.00