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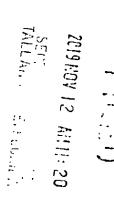
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COVER LETTER

Registration Section

Division of Corporations

MAILING ADDRESS:

Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

SUBJECT: Aleman Trucking (LC 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:
Mariela Rivera Name of Person
Old address New address New address New Address Address Address
Kissimme 71 34746 City/State and Zip Code Marierive I @ amail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mariela Rivera at 407 371-9839 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$\$\$\$\$\$\$\$\$\$ \$\Bigcup \text{\$

STREET/COURIER ADDRESS:

2661 Executive Center Circle Tallahassee, FL 32301

Registration Section Division of Corporations Clifton Building

TO ARTICLES OF ORGANIZATION OF

WAlena	en In	uc Kina	(LC		
(Name of the Limite	<u>ed Linbility Compa</u> (A Florida Limited)	ny as it now appea Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Li. Florida document number <u>L 1900020</u>		were filed on _	10/4/2	0019 and a	ssigned
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liab	ility company h	<u>iere</u> :		
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the	designation "LLC" or	the abbreviation "	L.L.C."
Enter new principal offices address, if applica	able:	2363	Great	Harbor	00
(Principal office address MUST BE A STREE	T ADDRESS)	<u>Kissi</u>	mmee t	-1 347	146
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)				
B. If amending the registered agent and/or the new registered of			n our r e cords, <u>e</u>	section name	of the nev
Name of New Registered Agent:	•				- :::
New Registered Office Address:	2363	Great Enter Flo	Harbor orida street address	<u>D</u>	
	Kissin	nmee City	Flo ri d	a 3474 Zip Code	16
No. Design Annual Annual Classic Control of the control of					

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Mariela Rivera	2363 Great Harbor	<i>Dr</i> ⋈ Add
		Kissimmee 71	☐ Remove
		34746	🗖 Change
			Remove
			Change
			🗆 Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (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) 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 Nov - 4-2019, 2019. Marie Russian Signature of a member or authorized representative of a member
Mariela Rivera Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00