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## **COVER LETTER**

Division of Co	rporations		
TRUPARC	CA IMPORT & EXPORT LLC		
30B3EC1;		nted Liability Company	
	•		•
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ERIK E PARDO		
		Name of Person	·
	TRUPARCA IMPORT &	EXPORT LLC	
		Firm/Company	
	8466 NW 72 ST		
	- <u></u>	Address	
	MIAMI, FL 33166		
	GERENCIATRUPARCA/	City/State and Zip Code 6GMAIL.COM	
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
GILBERTO A ALTUVI	3	786 31670698 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 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

TRUPARCA IMPORT & EXPORT 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 09/09/2019 and assigned Florida document number L19000228172 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

## 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.

City

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ERIK E PARDO	8466 NW 72 ST MIAMI FL 33166	
			Remove
			☐ Change
			Remove
			☐ Change
			Add
			☐ Remove
			□ Change
			Remove
			□ Change
			□ Add
			Remove
		-	Change
			□ Add
			□ Remove
			Change

- ' ' "	
F Fffee	09/27/2019 tive date, if other than the date of filing:(optional)
(If an et <b>Not</b> e:	(optional) Tective date, if other than the date of filing:
If the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	<u> </u>
	Signature of a member or authorized representative of a member
	ERIK E PARDO

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Filing Fee: \$25.00

Typed or printed name of signee