To:



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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## **COVER LETTER**

TO: Registration Section Division of Corporations					
CUDIFOT.		TRUCKING LLC			
SUBJECT:Name of Limited Liability Company					
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		ACOSTA HERNANDEZ			
			Name of Person		
		DALILA I. TRUCKING I	LLC		
			Firm/Company		
		157 W SEAFLOWER ST			
			Address		
		APOPKA, FL 32712			
		- 11 - 12 - 13 - 13 - 13 - 13 - 13 - 13	City/State and Zip Coce		
		GAIL.LAXMYSCARRIER  E-mail address: (	@GMAIL.COM  to be used for future annual report no	neil cation)	
For further in	formation c	oncerning this matter, please o	-		
LAXMY CH	ACON		305 640-0281		
	Name o.	Person	at ()	me Telephone Number	
Enclosed is a	check for th	e following amount:			
≅ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is exclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Reg Divi P.O.	ing Address istration S ision of Co . Box 632' ahassec. F	ection orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	orporations Tallahassee De Street, Suite 810	

To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## DALILA E TRUCKING LLC (Nume 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 $\frac{10/11/2019}{1}$ Florida document number L19000256660 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 , Florida 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 = Anthorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GEIDY HERNANDEZ JAUREGU	1227 PERI ST	■Add
		OPA LOCKA FL 33054	□Remove
			□Add
			🗆 Remove
			Ci Change
			CAdd
			Remove
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			⊡Change
	Continue to the second		□Add
			□Remove

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From: LAXMY CHACON

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If the record sy record is filed.		us not an effective time, as 12:01 a m, on the earlier of: (b) The 90th day after the
Dated NO	OV 3RD	2022
	Signature	of a member or authorized representative of a member
	ACOSTA HERNANDEZ, LEON	VER
		Typed or proved same of steney

2022-11-10 13:54:43 GMT