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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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C. GOLDEN MAR 1 7 2020

COVER LETTER

Division of Corporations	
SUBJECT: Oto 2 CO Bros T	CUCIA (23)
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter	to the following:
Francisco X	Name of Person
	Firm/Company
1222 Lake	Address
Lake Placid FL	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code
Frankdabank / 3.9 oma E-mail address: (1	o be used for future annual report notification)
For further information concerning this matter, please co	ત્રી:
Transisco Desus Drozoo Name of Person	at (863) 441-3056 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 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, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 26, 2020

FRANCISCO JESUS OROZCO 1022 LAKE JUNE ROAD LAKE PLACID, FL 33852

SUBJECT: OROZCO BROS TRUCKING LLC

Ref. Number: L19000290746

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must be signed by a member or an authorized representative of a member.

The name of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 120A00004282

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2770 11 16 AM 7: 40 Orozco Bros iame of the Limited Liability Company as it now appears on our records.)
(λ Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number L19000 2010 746 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." 1022 Lake sure Rd Enter new principal offices address, if applicable: Late placed FL 33852 (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.

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>	Address	Type of Action
MER	BRENDAN OROZOO	1022 LAKE JUNE RD	
		1022 LAKE JUNE RD LAKE PURID, F(33552	Remove
			□Change
MGR	FRANCISCO). ORUZCO	1022 LAKE PLACIO, F13355)	DAdd
		LAKE PLACID, F13385)	L □Remove
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Page 2 of 3

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If an effect Note: If	e date, if other than the date of filing: ASAO 16 20 (optional) tive 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 605.020' The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
ne reco The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 00th day after the record is filed.
Dated	3.6-20
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00