LAU 00000 5700

(Requestor's Name)	
(Address)	90034
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	06/29/26
(Business Entity Name) . (Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



6779809

--01015--002 **;

5: 20

D. BRUCE AUG 11 2020

COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
	RUCKING, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	•	
	PAULO MIRANDA		
		Name of Person	_
	PSM CORPORATE SER	RVICES INC	
		Firm/Company	_
	1001 BRICKELL BAY D	RIVRE. SUITE 2406	
		Address	
	MIAMI, FL 33131		
	PSM@PSMCORPORATI	City/State and Zip Code	_
	E-mail address: (to be used for future annual report notification)	/ ^
For further information of	concerning this matter, please ca	all:	
PAULO MIRANDA		305 456-3752	
Name c	of Person	at ()	
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	ate of Status &
<u>Mailing Addres</u> Registration	Section	Street Address: Registration Section	
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONFI TRUCKING, LLC		
(<u>Name of the Limite</u> (.	d Liability Company as it now app A Florida Limited Liability Compan	ears on our records.)
The Articles of Organization for this Limited Lia Florida document number L20000005700		01/08/2020 and assig
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company	here:
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		ALLA
(Mailing address MAY BE A POST OFFICE B	(OX)	
B. If amending the registered agent and/or reagent and/or the new registered office address		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter 1	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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documbeing 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person be or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of
MGR	PETECOF, FABRIZIO C	6700 NW 77TH CT #140	□Add
		MIAMI, FL 33166	≣Rem
			□Char
MGR Dos Santos Gomes, Luciano A.	Dos Santos Gomes, Luciano A.	6700 NW 77TH CT #140	≣Add
	MIAM!, FL 33166	□Rem	
			Char
		 	□Add
			ElA'dd Eladd
		E E Rem	
			Char
			□Add
			□Rem
			Char
			□Char

D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		_
-		
	ري. ميان	
_		: :
	(1) C (1) C (1) T	,
	A Table 1	
	1	
(If an effect Note: If	date, if other than the date of filing:	o 60 e lis
If the record s record is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	' afte
Ju Dated	2020 - 2020 - 2021?	
	Signature of a member or authorized representative of a member	_
	Adelmo De Souza Prado Junior (PMC Florida Enterprise LLC)	_

Filing Fee: \$25.00