

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

((H20000072762 3)))



H200000727623ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Office@alltruckingservices.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BRYANNA LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

2020 MAR -4 PM 3:58

REC'D
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

○ SIMMONS
MAR 05 2020

H200000727623

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BRYANNA 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 1/14/2020 and assigned
Florida document number L20000021436

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:	<u>Krystina A Hernandez</u>
New Registered Office Address:	<u>312 Fern Ct</u>
	<i>Enter Florida street address</i>
	<u>Poinciana</u> , <u>Florida</u> <u>34759</u>
	<i>City Zip Code</i>

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 601, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby certify that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

H200000727623

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

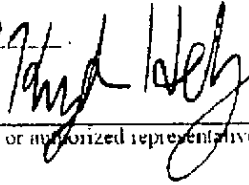
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Froilan J Cordova	530 S Conway Rd	<input type="checkbox"/> Add
		Orlando , Florida 32807	<input checked="" type="checkbox"/> Remove
AMBR	Bryan J Cordova	530 S Conway Rd	<input type="checkbox"/> Add
		Orlando , Florida 32807	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

H1200000727623

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: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated February 28 2020



Signature of a member or authorized representative of a member

Krystina A. Hernandez, Member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2020 MAR -4 AM 10:07
RECEIVED
STATE
JUDICIAL COUNCIL