## LZ0 0000 3Z8ZL

(Requestor's Name)  (Address)	
(Address)	5003
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)	09/25/3
Certified Copies Certificates of Status	S

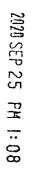
Office Use Only



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09/25/20--01085--010 \*\*\$0.00

OCT 31 2020 S. YOUNG



## **COVER LETTER**

TO: Registration Section Division of Corporation (Corporation)			
SUBJECT: <u>= = 0</u>	YT Trucking Name of Limi	LLC ited Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Enyt	Name of Person	<del>C-2</del>
	E	nyT Truckin's Firm/Company	
	1917 3W 10	O TEDRACE Address	
	CAPE C	OPAL EL 339 City/State and Zip Code	91
		City/State and Zip Code  GH @ GMAIL - CDM  to be used for future annual report notif	
For further information con-	cerning this matter, please ca	dl:	
EngT Yend	Rodrerouez	at ( <u>786</u> ) <u>838</u> – <u>9</u> Area Code Daytime	5 2 2 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	LC STO			
(Name of the Climited Landing Compa (A Florida Limited I	ability Company)			
The Articles of Organization for this Limited Liability Company Florida document number _ L 2 0000 32 826	were filed onO1\31\2000 \rightarrow and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	1917 SW 10 TERRACE			
(Principal office address MUST BE A STREET ADDRESS)	COPE CORAL, FL 33991			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	1917 SW 10 TERRACE CAPE CORAL, FL 33991			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, enter the name of the new registered			
Name of New Registered Agent: Engt	YAUD: ROCRIGUEZ			
	Enter Florida street address			
CopE	Coq AC Florida 33991 City Zap 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 with the provisions of all statutes relative to the proper and complete performance of my duties, and I appliantifiar 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 continuity that the 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 = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	LISANDRA MENDORA	1215 SW 11 TH PL	TiAdd
		CAPE LORAL, PL 33991	XiRemove
			□Change
M62	ENAL LANDE 5000000	EZ 1917 SW 10 TERRACE	<b>∠</b> Add
		CAPE WEAL, AL 33991	□Remove
			IChange
M62	ENYT 4 RODRIGUES	1215 SW 11TH PL	□Add
		CAPE CORAC, Pl. 33991	<b>∑</b> Remove
			□Change
			☐Add
			TRemove
			IChange
			□Add
			DRemove
			□Change
		<del></del>	
		<del></del>	TRemove
			∏Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Pluse remove my rome as associated to This LLC.
Now EngT YANDi Zodrijug should be The Jole -
peopelous for Engl Trucky Place Land a receipt
# or confirmation Empty to:
Dr. Lizzmen DOZA @ GOMATL. USA + o confirmation
Letter (if posible) to 1215 SW 11TH PLOCE,
CAPE CORA, PC 33991. You can also neach me
at 786-838-3739 (if you have a hair mail I will
(all fool). I appoint your procios tore.
E. Effective date, if other than the date of filing: OR OR DOO (optional)  (If an effective 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 0207 (316)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated 09 21 2020
Signature of a member of authorized representative of a member
Lisendre MENDORA (current MGR-TO BE romOVED