

L20 0000 42618

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	(Document Number)
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11/14/24--01088--012 **25.00

2024 NOV 14 PH 5: 17 SECRETARY OF STATE

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	ee's Trucking LL	Cited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspoi	ndence concerning this matter	to the following:	
		Name of Person TUCKING LLC Firm/Company	
	<u> </u>	Firm/Company	
	1235 Provide	ence Blyd Ste R Address	PMB 1061
	Deltona, FL Geestrucking	32725-7363 City/State and Zip Code 2016 Yahoo (on to be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca		
<u>Giselda</u>	Person	at (<u>201</u>) 956 Area Code Daytim	-3422 e Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 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

Gees TRucking							
(Name of the Limited Lia (A Flo	bility Company rida Limited Lia	as it now app bility Compan	y)	r records.)			
The Articles of Organization for this Limited Liability Florida document number <u>L200000 42615</u>	<u>?</u>	rere filed on	2	5/20	SECRE TALL	and assi	igned
This amendment is submitted to amend the following A. If amending name, enter the new name of the I		ty company	here:		AHASS		
	(*	0 ".1	1 2	wit Co	SE SE	PH 5	
The new name must be distinguishable and contain the words "I Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD		1735 Ste	Prov	donce PM3	BIJO	ر 	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)							
B. If amending the registered agent and/or registe agent and/or the new registered office address her		dress on ou	r records	s, <u>enter th</u>	e name of	the new	/ registered
Name of New Registered Agent: New Registered Office Address:	Ana 2593	C Ig.	<i>lesius</i> Oaks	Den	/e		
	Delton	Enter l	Florida stre	et address , Flori	da3	273 ₅	3
		City			7	Sip 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 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.

Ana C. Jaleuas
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
AMBR	Griselda Diuz	2593 Fair Oaks Drive	□Add
		Deltona FL 32738	□Remove
			🖸 Change
MGR	Ana C Iglosias	2593 Fair Daks Drive	⊡Add
		De Hona FL 32738	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated .	11 13 · 2024
	$\mathcal{X} \mathcal{D}$
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00