LZO 000068343

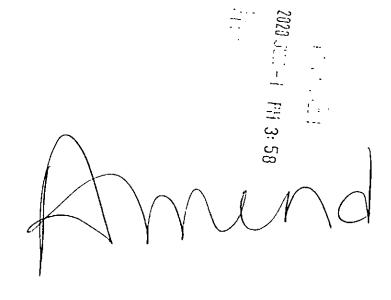
(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
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(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	





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JUN . 7 2028 I ALBRITTON

COVER LETTER

TO:

	legistration Se Division of Cor			
SUBJECT	JRAMOS T	FRUCKING REPAIR LLC		•
Sonsic	•	Name of Lim	ited Liability Company	
BIAMOS TRUCKING REPAIR LLC Name of Limited Liability Company				
		JOSE RAMOS		
			Name of Person	
			Firm/Company	
		1425 ORCHID LN		
			Address	
		KISSIMMEE, FL. 34744		
			City/State and Zip Code	-
				·
.				ufication)
For further	r information c	oncerning this matter, please c	all:	
ROXANA	FRAZIER			
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed i	s a check for th	ne following amount:		
■ \$25.00) Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	lailing Addres		Street Address: Registration S	ection
	ivision of C		Division of Co	
P	.O. Box 632	7	The Centre of	Tallahassee
T	allahassee, I	FL 32314	2415 N. Monro	ne Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JRAMOS TRUCKING REPAIR LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L20000068343	nany were filed on 12/18/2019	and assigned
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 I	liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		020
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		1
		<u></u>
		<i>ω</i>
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter th</u>	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	
	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 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.

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
MGMR	ROBERTO ANGARICA		□ Add
		1425 ORCHID LN, KISSIMMEE,FL 34744	■Remove
			□Change
			□Add
			□Remove
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ote: If the	ate, if other than the didate is listed, the date must be date inserted in this bloc effective date on the Dep	k does not meet the ap	prior to date of filing oplicable statutory	or more than 90 days filing requirements.	o ptional) after filing.) Pursuant to , this date will not be	605,0207 listed as
ecord specis filed.	cifies a delayed effective o	late, but not an effecti	ve time, at 12:01 a	.m. on the earlier o	f: (b) The 90th day	after the
ted	MAY 27	2020				
		/				
_	Si	gnature of a member or	authorized represent	ative of a member	<u> </u>	_