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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXODA BUSINESS, CORP

Account Number : 120238000039 Phone

: (786)768-8794

Fax Number

: (786)803-8477

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

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN S R BERNAL TRUCKING LLC

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Certificate of Status	0
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Estimated Charge	\$25.00

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TO:

## COVER LETTER

TO:	Registration Sec Division of Corp			
SURIF	S R BERNA	L TRUCKING LLC		
3000,		Name of Lim	ited Liability Company	<del></del>
The encl	osed Articles of A	unendment and fee(s) are sub	mitted for filing.	
Please re	ann all correspon	idence concerning this matter	to the following:	
		SANDY ERNESTO BERN	IAL HERRERA	
			Name of Person	
		S R BERNAL TRUCKING LLC  Name of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following:  SANDY ERNESTO BERNAL HERRERA  Name of Person  S R BERNAL TRUCKING LLC  Firm/Company  9721 NOROAD  Address  JACKSONVILLE, FLORIDA 32210  City/State and Zip Code bemaltacine10428@gmail.com  E-mail address: (to be used for future annual report notification)  formation concerning this matter, please call:  ODRIGUEZ  Name of Person  Area Code  Daytime Telephone Number		
Firm/Company				
		9721 NOROAD	mitted for filing.  to the following:  IAL HERRERA  Name of Person  ILC  Firm/Company  Address  DA 32210  City/State and Zip Code  om  De used for future annual report notification)  II:  1 (736) 768-8794  Area Code  Daytime Telephone Number  S\$5.00 Filing Fee & Certificate of Status & Certified Copy  (additional copy is enclosed)  Certified Copy  Certified Copy	
			Address	
		JACKSONVILLE, FLORI	DA 32210	
		bemalrachel0428@gmail.c	•	
		E-mail address: (a	o be used for future annual repo	notification)
For furth	et information cos	ncerning this matter, please ca	!l:	
ODAL	YS RODRIGUEZ		(786) at ()	768-8794
	Name of I	Person	Area Code D	aytime Telephone Number
Enclosed	is a check for the	following amount:		
<b>■</b> \$25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

S R BERNAL TRUCKING LLC			
(Name of the Lim	ited Liability Comp (A r lorida Limited	any as it now appears on our records, Listility Company)	)
The Articles of Organization for this Limited I	Liability Compan	y were filed on 03,27/2020	and assigned
Torida document number L20000091311	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
his amendment is submitted to amend the fol			
If amending name, enter the new name (	of the limited <u>H</u> al	bility company here:	
Ñ/A			
he new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC"	or the aboreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	73
Principal office address MUST BE A STRE			_
inter new mailing address, if applicable:		N/A	(5
Mailing address MAY BE A POST OFFICE	BOX		
			· —
i. If amending the registered agent and/or gent and/or the new registered office addre	registered office ess here:	address on our records. enter th	ne name of the new regis
Name of New Registered Agent:	YASMARY F	RACHEL BERNAL BRAVO	
New Registered Office Address:	<u>9</u> 721 NOROA		
		Enter Florido street address	
		Jacksonville, Flor	ida <sup>32210</sup>
	-	Cip:	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 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
MGR	Yasmary R Bernal Bravo	9721 NOROAD	∃Add
		JACKSONVILLE	_
		FLORIDA, 32210	□Change
MGR	Sandy Emesio Bernal Herrera	9721 NOROAD	
		JACKSONVILLE	_
		FLORIDA, 32210	EChange
			OAdd
			Change
			□Add
			□ Remove
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	<del></del>	©Remove	
			⊡Change
			Remove
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N/A			
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ective date, if other than the da	ite of filing:	(optional)	
effective date is listed, the date must be effective date inserted in this block	specific and cannot be prior to date the specific and cannot be prior to date	e of filing or more than 90 days after filing.) Pursu tatutory filing requirements, this date will n	ant to 605.02 int he listed
ument's effective date on the Depa	runent of State's records.	mixed time reduiencing the cate will b	or or nated
cord specifies a deinyed effective d	ate, but not an effective time, a	t 12:01 a.m. or, the carlier of, (b) The 90th	i day after th
s filed.		• •	-
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AUGUST 01st	2023		
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	_ \$		
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Sig	piature of a member or authorized	representative of a marnber	

Filing Fee: \$25.00