120000131078

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	=
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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COVER LETTER

Division of Cor	porations	~ .		
C 4 1 1 2 2 2 3 COTT	GUA TRUCKING LLC		•	
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub			
	GREISY SUAREZ			
		Name of Person		
	DIRECT SOLUTION SEI	RVICES		
		Firm/Company		
	1248 Viscaya Pkwy			
	•	Address))
	Cape Coral, FL 33990, US	}	į	20 SEP - I
		City/State and Zip Code		1
	info@directsolutionservice: E-mail address: (s.com to be used for future annual report notifi	cation)	729 TK
For further information co	oncerning this matter, please c			61:11号
GREISY SUAREZ		239 443-5846		~ G
Name of	Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
Mailing Addres	c.	Street Address		

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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



CARRODEGUA TRUCKING LLC			
(Name of the Limited Liability Comp. (A Florida Limited	uny as it now appears of Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000131078</u>	were filed on 05/14	/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here	;	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the desig	gnation "LLC" or the abbrev	viation "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 agent and/or the new registered office address here:	address on our reco	ords, <u>enter the name o</u>	f the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	i street address	
	Florida		
	City	•	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete			

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
AMBR	SERGIO MARTINEZ HERNANDEZ	1217 NE 5TH AVE	□Add
		CAPE CORAL, FL 33909	□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
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D. If amending any other infor				
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E. Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	s block does not meet the appli	cable statutory filing requi	(optional) 90 days after filing.) Pursuant to e rements, this date will not be l	605.0207 (3)(b listed as the
f the record specifies a delayed effe ecord is filed.	ctive date, but not an effective (time, at 12:01 a.m. on the	eartier of: (b) The 90th day a	fter the
Dated August 24	. 2020	·		
	<u></u>			
	Signature of a member or auth	norized representative of a mo	mber	
SERGIO MARTINI	EZ HERNANDEZ			
	Typed or prin	ted name of signee		

Filing Fee: \$25.00