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## **COVER LETTER**

Div	ision of Cor		•	
eno iezet.	RUIZ TRANSPORTATION USA LLC			
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	I Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		BARBARO RUIZ		
		- +++ <del></del>	Name of Person	
		RUIZ TRANSPORTATIO	ON USA LLC	2020 SEP 29
			Firm/Company	——————————————————————————————————————
		12035 SW 173RD TER		9 F
		· · · · · · · · · · · · · · · · · · ·	Address	
		MIAMI, FL 33177		PH 1: 16
			City/State and Zip Code	≯·
		BARBARORUIZ109@GM	IAIL.COM to be used for future annual report noti	ficution)
For further in	iformation c	oncerning this matter, please co		
BARBARO	RUIZ		786 387-6061	
···-	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, Fl. 32	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RUIZ TRANSPORTATION USA LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	ly Company as it now appears on our re- Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability C	ompany were filed on 08/11/2020	and assigned
Florida document number L20000244666	_·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	ited liability company here:	
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		S
Principal office address MUST BE A STREET ADDR	PESS)	-ti
		t , 1
		当
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<del></del>	<u>يَ</u> جَ
<ol> <li>If amending the registered agent and/or registered agent and/or the new registered office additional actions.</li> </ol>		ords, enter the name of the
entered agent and or the new regimes ed office add	ich ich	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
	City	, Florida 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>	<u>Address</u>	Type of Action
MGR	JOSE RUIZ	12035 SW 173RD TER,	Add
		MIAMI, FL 33177	■ Remove
			Change
			Remove Of Change
			29 Add
			Remove
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			Change
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fective date, if other than t	he date of filing:	(optional)
n effective date is listed, the date rete: If the date inserted in this	nust be specific and cannot be prior to date of fill block does not meet the applicable statuto	ing or more than 90 days after filing.) Pursuant to 605.020 ory filing requirements, this date will not be listed a
	Department of State's records.	
	and affective data. In the same of the	
The 90th day after the re	ed effective date, but not an effect ecord is filed.	ctive time, at 12:01 a.m. on the earlier
00/23/2020	12.01.414	
ted	12.01 AM	
	7 /	

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Typed or printed name of signee

Filing Fee: \$25.00