L20000300298

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	1
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COVER LETTER

	egistration S ivision of Co			
SHDIRAT	٠.	BERTIQUI	N TRUCKING LLC	
SUBJECT	•	Name of Lit	mited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are su	bmitted for filing.	
		ondence concerning this matter	•	
		ALEJA	NDRO A ENRIQUEZ AGUILA	
			Name of Person	
		BE	RTIQUIN TRUCKING LLC	
			Firm/Company	
			811 NW 131 ST AVE	
		11.0 .	Address	
			MIAMI FL 33182	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notification)	
For further	information c	oncerning this matter, please c	all:	
ALEJAND	RO A ENRIC	QUEZ AGUILA	786 328-0757	
	Name o	f Person	Area Code Daytime Telephone Number	_
Enclosed is	a check for the	ne following amount:		
₩ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing I Certified Copy Certificate of (additional copy is enclosed) Certified Copy (additional copy)	Status & y
	niling Addres	 -	Street Address: Registration Section	
	_	orporations	Division of Corporations	
P.0	D. Box 632	7	The Centre of Tallahassee	
Ta	llahassee, I	FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

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BERTIQU	JIN TRUCKING LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appear Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on	09/23/2020	and assigned
Florida document number L20000300298	·	_	G
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company h	ere:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the c	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	(ESS)		
Enter new mailing address, if applicable:	<u></u>		
Mailing address MAY BE A POST OFFICE BOX)			
I If amonding the registered went and/or maintained			
 If amending the registered agent and/or registered ugent and/or the new registered office address here: 	omce address on our r	ecords, <u>enter the na</u>	ime of the new registers
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida street address	
		, Florida	
	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 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: According to String a All Se

MGR = Manager

AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DUNIERKYS ENRIQUEZ DIAZ	1117 NE 24th Street Belle Glade Fl 33430	\ \ \ \ \ \ \ \ \ \
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
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fective date, if other than the da in effective date is listed, the date must b	e specific and cannot be prior to da	te of filing or more than 90 days after	onal) r tiling.) Pursuant to 605,020
ote: If the date inserted in this block cument's effective date on the Department	κ does not meet the applicable artment of State's records.	statutory filing requirements, thi	s date will not be listed a
·			
record specifies a delayed effective d	late, but not an effective time,	at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.			•
April 26	2021		
ated April 20	- 1 · · · · · · · · · · · · · · · · · ·		
100	H		
Sign	gnature of a member or authorized	representative of a member	

Filing Fee: \$25.00