120000316112

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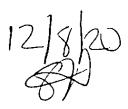
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COVER LETTER

SUBJECT:	Name of Lim	ited Liability Company	
	Name of Em	dea Diaonity Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ivan Cossio		
		Name of Person	
	Cossio Trucking		
		Firm/Company	
	4303 Cocopah Court		
		Address	
	Saint Cloud, FL		
		City/State and Zip Code	
	carvan77@aol.com		
	E-mail address: (to be used for future annual report notifi-	cation)
For further information c	oncerning this matter, please ca	all:	
Ivan Cossio		321 202-1729 at ()	
Name o	f Person	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)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

, TO:

Registration Section Division of Corporations

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

Cossio Trucking LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Fforida Limited Lia	ouny Company)	
The Articles of Organization for this Limited Liability Company w Florida document number L20000316112	ere filed on 10/06/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company." the designation "LLC" or	
Enter new principal offices address, if applicable:		0CT
(Principal office address MUST BE A STREET ADDRESS)		30
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office adagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		name of the new registered
	Enter Florida street address	
	, Florid	la Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·	·
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I ovided for in Chapter 605, F.S	am familiar with and . Or, if this document is

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
President	Ivan Cossio		
			□Remove
		Ivan Cossio	
MGR	Ivan Cossio		□Add
		Ivan Cossio	
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ffeetive data if other than the	10/26/2020		(optional)
ffective date, if other than the an effective date is listed, the date must	be specific and cannot be prior to		0 days after filing.) Pursuant to 605.0
<u>fote:</u> If the date inserted in this blo ocument's effective date on the De		ble statutory filing require	ments, this date will not be listed
record specifies a delayed effective	date, but not an effective tin	ne, at 12:01 a.m. on the ear	rlier of: (b) The 90th day after
I is filed.			
October 26th	2020		
vated	·	_ ·	
LIVSU	GSSIG		

Filing Fee: \$25.00