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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





03/21/22--01024--003 \*\*25.00



## **COVER LETTER**

Division of Con			
NY&A HA SUBJECT:	ULING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Youseline I. Derose		
	<del></del>	Name of Person	
	NY&A HAULING LLC		
		Firm/Company	
	3469 W Boynton Beach B	lvd Suite 2 PMB 1125	
	<del></del>	Address	
	Boynton Beach, FL 33436	-4639	
	nya.hauling@gmail.com	City/State and Zip Code	<del></del>
		to be used for future annual report noti	fication)
For further information e	oncerning this matter, please c	all:	
Youseline I. Derose		561 781-0175	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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)
Mailing Address		Street Address:	ation.
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	-	The Centre of T	<del>-</del> '

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NY&A HAULING LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company  Torida document number L20000338275	were filed on 10-26-2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	vility company here:	
NY&A TRUCKING LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	3469 W Boynton Beach BlvdSuite 2 PM	В 1125
Principal office address MUST BE A STREET ADDRESS)	Boynton Beach, FL 33436-4639	23.23
		<u> </u>
		2
nter new mailing address, if applicable:	3469 W Boynton Beach BlvdSuite 2 PM	B 1125
Mailing address MAY BE A POST OFFICE BOX)	Boynton Beach, FL 33436-4639	2
		<u>.</u>
		The Contract of the Contract o
<ol> <li>If amending the registered agent and/or registered office agent and/or the new registered office address here:</li> </ol>	address on our records, enter the nam	e of the new registere
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida 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:

MGR = Manager			
Wallager	MCR = Manager		
AMBR = Authorized Member	•		

<u>Title</u>	<u>Name</u>	Address	Type of Action
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