

## L20 CCC 338275

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(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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ONVISION OF CORPORATIONS

22 MAY 20 AM 9: 31

T. MATTHEWS

JUL 20 2022

## **COVER LETTER**

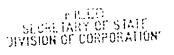
Tallahassee, FL 32314

TO: Registration S Division of Co			
	RUCKING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Youseline I. Derose		
-		Name of Person	<del></del>
	NY&A TRUCKING LLC		
		Firm/Company	
	3469 W BOYNTON BEA	CH BLVD SUITE 2 PMB 1125	
		Address	
	BOYNTON BEACH, FL.	33436	
		City/State and Zip Code	<del></del>
	nya.hauling@gmail.com		
	E-mail address: (	to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	all:	
Youseline I. Derose		561 781-0175	
Name o	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	the fallowing amount:		
			F 6(0.00 F)) F
■ \$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 Addre		Street Address:	.•
Registration		Registration Sec	
Division of C P.O. Box 633		Division of Cor The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



22 MAY 20 AM 9: 31

## NY&A TRUCKING LLC

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

(A Florida Limited Liability Company)

	(A Florida Ellineo Elaonity Company)		
The Articles of Organization for this Limited I Florida document number L20000338275		0/26/2020 and assigned	
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability company l	<u>nere</u> :	
The new name must be distinguishable and contain the	words "Limited Linbility Company," the	designation "L.L.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		
	<u> </u>		
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:		records, enter the name of the new regist	
New Registered Office Address:	3469 W BOYNTON BEACH B	LVD SUITE 2 PMB 1125	
New Registered Office Address.	Enter Florida street address		
	Boynton Beach	, Florida 33436 Zip Code	
	City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register	~		

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 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>	Name	Address	Type of Action
MGR	Norvins Derose	3469 W Boynton Beach BLVD Suite 2 PMB 1125	<b>\equiv A</b> dd
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