## 120000347636

(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
(Only/State/2/p/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration S Division of Co			
SUBJECT: J:1	Doro Truckina	(1-0	•
SUBJECT:		Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please return all corresp	ondence concerning this matter to	the following:	
	Egnis F	Perez	
	J. boro To	Firm/Company	
	14937 Go	Address	
	Spring Hill	F1. 34610 City/State and Zip Code	<del></del>
	5-mail address: (to	be ased for future annual report noti	fication)
For further information	concerning this matter, please cal	1:	
- Egris	Perez	at ( <u>&amp; B</u> ) <u>957</u>	6691
Name	of Person	Area Code Dayum	e Telephone Number
Enclosed is a check for	the 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 Addre		Street Address:	ati an
Registration Division of	Section Corporations	Registration Se Division of Co	
P.O. Box 63	-	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Siboro Irocking LLC	
(Name of the Limited Liability Company as it now an (A Florida Limited Liability Compa	<u>pears on our records.</u> ) ny)
	12/02/2020
The Articles of Organization for this Limited Liability Company were filed on	11/02/3030 and assigned
Florida document number <u>L2000347636</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	y here:
The new name must be distinguishable and contain the words "Limited Liability Company," (	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
<del></del>	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. H	جم
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	r records, enter the name of the new registered
	÷.
N. CNI D. C. LA	1
Name of New Registered Agent:	2:
New Registered Office Address:	
	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 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	Egis Perez	14937 Garson Loop Spring Hill Fl 34610	<u> E</u> Add
			□Remove
			□Change
***			□Add
			□Remove
			□Remove
			□Change
			□Remove
			□ Change
			□Remove
			□ Change
			□ Add
			□Remove
			□Change

	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
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<del></del>	
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fan eff <del>ec</del> ti <u>Note:</u>   If	e date, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is filed.	
ated	September 35th, 2021
	E fal
	Signature of a member or authorized representative of a member
	Egnis Perez