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TRUCKLI SUBJECT:	VES CARRIER LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	WILBER LOPEZ		
		Name of Person	
	TRUCKLIVES INC		
	TRUCKLIVES CARRIER LLC Name of Limited Liability Company assed Articles of Amendment and fee(s) are submitted for filing. sum all correspondence concerning this matter to the following: WILBER LOPEZ Name of Person TRUCKLIVES INC Firm/Company 450 E 60TH ST Address HIALFAH, FL., 33013 City/State and Zip Code OPERATIONS@TRUCKLIVES.COM E-mail address: (to be used for future annual report notification) or information concerning this matter, please call: LOPEZ Name of Person Area Code Daytime Telephone Number is a check for the following amount:		
	450 E 60TH ST		
	-	Address	de de al report notification) 767-6510 Daytime Telephone Number be & \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Address: stration Section ion of Corporations
	HIALEAH, FL, 33013		
		City/State and Zip Code	-
	E-mail address: (to be used for future annual report not	fication)
For further information of	concerning this matter, please c	all:	
WILBER LOPEZ		at (
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
-		-	
P.O. Box 632	27	The Centre of T	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION OF

TRUCKLIVES CARRIER LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 22/16/2020	and assigned
Florida document number 1.20000393292	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office address on our records, enter the nagent and/or the new registered office address here:	me of the new regis
	70
Name of New Registered Agent:	-TI
Name of New Registered Agent.	
New Registered Office Address:	
Enter Florida street address	본:
, 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.

v <u> </u>				
	~ -	 *** *	 	

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MOISES CUEBAS	561 E 26 ST HIALEAH, FL. 33013	∐Add
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ecti	ve date. if other than the date of filing: (optional)
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	ent's effective date on the Department of State's records.
	d 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
s fil	ed.
	01/29/2021
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	Signature of a member or authorized representative of a member