L2100031388

(Re	equestor's Name)
(Ad	dress)
(Ad	ldress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	isiness Entity Name)
(Dc	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J. HORNE
	SEP - 6 2022

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: AJUSTE'S Trucking & Transport LLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Vanesa A. Herard
Name of Person
Firm/Company
LO12 NW Winfield Dr. Address
Port Sount Lucie, Fl 34986 City/State and Zip Code
F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vanesa A. Herard at (772) 348 - 1342 Name of Person Area Code Daytime Telephone Number
Name of Felson Mea code Daytine reachione Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Solution Status Solution Status Solution Status Solution Status Solution Status Solution Soluti

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

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Ajusto Trucking & Trac	SPORT LLC SECRETION OF SECRETIO
(A Florida Limited I	ny as it now appears on our records. Interior Since Si
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000031388</u>	were filed on 01/14/202 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Ajuste's Distribution & Transportation Limited Liabil	
Enter new principal offices address, if applicable:	(D)17. NW Winfield Dr.
(Principal office address MUST BE A STREET ADDRESS)	Port Saint Lucie, Fl 34986
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 880872 Part Saint Lucie, Fl 34988
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: LeSly	Ajuste
New Registered Office Address: (Ø12 NW	Emer Florida street address
Port Sain	OF LUCIE . Florida 3498(p. 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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
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cord specifies a s filed.	a delayed effective o	late, but not an	effective time,	at 12:01 a.m. c	on the earlier of	(b) The 90th	day after the
cd Sept	Mun	gnalure of a men	2022 . Hul nber or authorize	d representative	of a member		
	Vanesa	A. Her	and printed no		··		