L21000071166

(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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21 MAR 31 PH 12: 17

COVER LETTER

TO: Registration Sec Division of Corp			
	GUAVA TRUCKING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
r tease return an enrespon	EMERITO SUAREZ (-	
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	FLORIDA GUAVA TRU	CKING LLC	
		Firm/Company	
	2975 31ST AVE NE		
		Address	
	NAPLES, FL 34120		
	md.usservices@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information co	oncerning this matter, please c	ali:	
EMERITO SUAREZ GOMEZ		305 992-6254 at ()	
Name of	Person		e Telephone Number
Enclosed is a check for th	e 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	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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 GOOD AND THE COMMENT OF COMMENTAL OF COMMENTAL

FLORIDA GUAVA TRUCKING LLC

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(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 __02/10/2021 ____ and assigned Florida document number 1.21000071166 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida ___

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 MGR = Manager

AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	BISLEYVIS DENIS	23606 SW 108 PL	≣ ∧dd
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	ation, enter change(s) here:		AVISION OF C	ON ORAGON
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	03/20/2021			
ve date, it other than the ective date is listed, the date mus	date of filing: 03/20/2021 the specific and cannot be prior to oak does not most the applicable.	date of filing or more than	optional 90 days after filin	l) g.) Pursuant to 605
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d specifies a delayed effective ed.	e date, but not an effective tim	e, at 12:01 a.m. on the	earlier of: (b) T	he 90th day after
22 MARCH	2021			
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	Edans.			
	USUMAN)			
	Signature of a member or authori	zed representative of a me	mber	