LZ1000132304

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

	tegistration Sec Division of Corp						
7110 000 000		FREIGHT LLC					
SUBJECT	r:	Name of Lim	ited Liability Company				
The enclos	sed Articles of a	Amendment and fec(s) are sub	mitted for filing.				
Please retu	ım all correspor	ndence concerning this matter	to the following:				
		YOEL LUZARDO QUESA	ADA				
		<u> </u>	Name of Person	······································	•		
		LUZARDO FREIGHT LL	С				
			Firm/Company		•		
		12365 SW 18TH ST APT	405				
			Address			2021	
		MIAMI, FL 33175				2021 JUH 11	1.4
		197 Shirty Was Striken San San San San San San San San San Sa	City/State and Zip Code			I PH	
For 64ho	- i- fu ati a		to be used for future annual report notifi	ication)		H 2: 3	,
	JZARDO QUES	oncerning this matter, please ca SADA	305 849-6894		FT :	ਹੀ	
	Name of	Person	at () Area Code Daytime	Telephone Number			
Enclosed i	is a check for th	e following amount:					
□ \$25.0	0 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Statu		

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUZARDO FREIGHT 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 MARCH 22, 2021	and	l assign	ed
Florida document number L21000132304			
his 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 "LI.C" or the	abbreviation	ı "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 na	me of the	new r	egister
agent and/or the new registered office address here:	iic or the	22	gister
		77	
Name of New Registered Agent:		Ē	
New Registered Office Address:	= -		
Enter Florida street address	- 	- P	1
. Florida		15	
City	Zip C	ode)	

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>	Address	Type of Action
AMBR	AMANDA HERNANDEZ	12365 SW 18TH ST APT 405	≣Add
		MIAMI, FL 33175	□Remove
			Change
		<u></u>	□Add
			Remove
			□Change
		11-2-70-41-70-11-2-11-2-11-2-11-2-11-2-11-2-11-2-	□Add
			Remove
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			Change
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Filing Fee: \$25.00