## 121000137591

(Re	questor's Name	)
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	ime)
(Do	ocument Number	)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
		8/5/21 Tm

Office Use Only



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07/19/21--01012--008 \*\*25.00

21 JUL 19 AM 9: 01

## **COVER LETTER**

**Registration Section** 

TO:

Division of Cor	porations			
	TRUCKING LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	HECTOR LUIS ELIZAL	DE PEREZ		
		Name of Person		
	REYNA TRUCKING LLO	C		
		Firm/Company		
	5161 COUNSELOR DR U	NIT 101		
		Address		
	ZEPHYRHILLS. FL 33541			
		City/State and Zip Code		
	REYNATRUCKINGLLC@			
	E-mail address: (	to be used for future annual report notification)		
For further information of	concerning this matter, please co	all:		
LEYDIANA GARCIA		813 393-9273 at ()		
Name c	of Person	Area Code Daytime Telephone Number		
Enclosed is a check for t	he 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 Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	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

REYNA TRUCKING LLC

21 JUL 19 AH 9:01

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

		City	Zip Code	
		, Florida		
New Registered O	ffice Address:	Enter Florida street address		
Name of New Reg			<del></del>	
B. If amending the registe agent and/or the new regis	red agent and/or registered office a stered office address here:	address on our records, <u>enter th</u>	e name of the new registered	
(Mailing address MAY BE	A POST OFFICE BOX)			
Enter new mailing address	s, if applicable:			
		ZEPHYRHILLS, FL 33541		
(Principal office address M	UST BE A STREET ADDRESS)	UNIT 101		
Enter new principal office	s address, if applicable:	5161 COUNSELOR DR		
The new name must be distinguis	hable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."	
A. If amending name, ento	er the new name of the limited liab	ility company here:		
This amendment is submitte	d to amend the following:			
Florida document number _				
	for this Limited Liability Company	were filed on	and assigned	

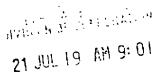
## New Registered Agent's Signature, if changing Registered Agent:

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>	<u>Address</u>	Type of Action
MGR	HECTOR LUIS ELIZALDE PERE	5161 COUNSELOR DR UNIT 101	■Add
		ZEPHYRHILLS, FL 33541	□Remove
			□Change
AR	LEYDIANA GARCIA	38032 POSTAL DR UNIT 1450	
	ZEPHYRHILLS, FL 33539	■Remove	
			□Change
		□Remove	
			☐ Change
<del></del>			□Add
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			□Remove
			□ Change

. If amending any other inf	ormation, enter change(s)	Jalinon addition	in the cess	sary.)
		21 101 15	M 9: 01	
		210		
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Effective date, if other tha	n the date of filing:		(option	al)
(If an effective date is listed, the da Note: If the date inserted in	ate must be specific and cannot be this block does not meet the ap the Department of State's reco	prior to date of filing or n oplicable statutory filin	iore than 90 days after fil	ling.) Pursuant to 605.0207 (3)
he record specifies a delayed e ord is filed.	ffective date, but not an effecti	ve time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Dated Jory	9, 20	<u>»1</u> .	H ()	
	Signature of a member or	authorized representative	of a member	
HECTOR LUIS	( ELIZALDE PEREZ	/ LEYDI	ANA GARCIA	

Typed or printed name of signee