Pivision of Corporations

Florida Department of State

Rivision of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : THREE K FAST CARRIER SERVICES INC

Account Number : I20180000033 Phone : (305)805-3516 Fax Number : (305)887-5844

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NOVATRACE 253 LLC

CUZI SEP 13 AM 11: 23 OLUMBASSEE, FI MILLA

 Certificate of Status
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 Page Count
 05

 Estimated Charge
 \$25.00

Electronic Filing Menu

Corporate Filing Menu



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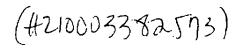
COVER LETTER

TO: Registration S Division of Co			
Novatrace SUBJECT:	253 LLC		
3083EC1	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Steven Zamorano		
	 	Name of Person	
	CBS Financial CPA PA		
		Firm/Company	
	6075 W Commercial Blvd		
		Address	
	Tamarac, FL 33319		
		City/State and Zip Code	202 17.81
	Steven@cbsfinancialcpa.com		
For further information of		to be used for future annual report notification)	2021 SEP 13
For further information concerning this matter, please call:			
Steven Zamorano		954 724-4141 at ()	7
Name o	f Person	Area Code Daytime Telephone	Number 3
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, ertificate of Status & ertified Copy Iditional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Taliahassee	·

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Novatrace 253 L.LC	
(Name of the Limited Liability Company (A Florida Limited Lia	vas it now appears on our records.) billity Company)
The Articles of Organization for this Limited Liability Company we Florida document number $\frac{121000183783}{121000183783}$. This amendment is submitted to amend the following:	vere filed on 04/20/2021 and assigned
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y 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 ac agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Zip Code
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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(H210003382573)

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
MGR	Mauricio Becerra	1302 NE 1915t 218	□ Add
		Miami, FL 33179	■Remove
			Change
MGR	Fabio Mauricio Becerra Sanabria	1302 NE 191st 218	₩Add
		Miami, FL 33179	□Remov e
		<u> </u>	☐ Change
			☐ Change
			\ \ \ \ \ \ \
			Remove
			Change
			□Add
			□Remove
			Remove

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
-	20
-	SEP .
-	<u> </u>
-	
-	
-	
(If an eff <u>Note:</u>	tive date, if other than the date of filing: Of -13-2021 (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
ne recor ard is fi	
Dated	<u>09-13-2021</u> ////////////////////////////////////
	[Manifes]
	Signature of a member or authorized representative of a member

Typed or printed name of signee