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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration to Filips Officer
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SECRETARY OF STATE

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August 10, 2021

RUTH LOPEZ 1108 IRIS LAKE DRIVE #301 TAMPA, FL 33619

SUBJECT: C & RDOZA TRUCKING LLC

Ref. Number: L21000208689

We have received your document for C & RDOZA TRUCKING LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 621A00018889

Yvette Scott Document Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: C & RDIZA Trucking LC 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:
Carlos A. Mendora Name of Person C & RDOZO Trucking LLC Firm/Company 108 Fris Lale Drue #30/ Address Tallany OF STAIL City/State and Zip Code rufhesther 2079 C gmail. Com E-mail address: to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (484) 719 5890 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations

P.O. Box 6327

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Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lin	nited Liability Company as (A Florida Limited Liability)	it now appears on our records. ty Company)	LC		
The Articles of Organization for this Limited Florida document number	Liability Company were	filed on May 4 a	W2 _ar	nd assigr	ned
This amendment is submitted to amend the fol	llowing:				
A. If amending name, enter the new name	of the limited liability c	ompany here:			
The new name must be distinguishable and contain the	words "Limited Liability Cor	npany," the designation "LLC"	or the abhrevali	on 😭 "C	
Enter new principal offices address, if appli	cable:		CRE	!! S!	-T 3
(Principal office address MUST BE A STREE	ET ADDRESS)		2.5	- D	
	_		355		7
			MA MA	7	1 1 1
Enter new mailing address, if applicable:	<u> </u>		775	ယ္	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		T T	96	
B. If amending the registered agent and/or ragent and/or the new registered office addre	registered office addres ss here:	s on our records, <u>enter th</u>	e name of the	new re	gistered
Name of New Registered Agent:	<u>Carlos</u> A	Mendora			
New Registered Office Address:	1108 Ins	Enter Florida street address	e #30	<u> </u>	
	Tampa	Floric	da <u>336</u>	19	
Con Disease A and the Control of the	Cr	v.	Zip Ce	xte	

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.

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
MGR	Carlos A Men	doza 1108 Ins lake Drive	Tampa
			□Remove
			□Change
			🗀 Add
		— TA	2027-SED 27 PHC3: 06
		 	S RAdo
			PH Add
			□Change
<u> </u>			DAdd
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······································			DAdd
			□Remove
			Change.

	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	ALL SE	
	SEP 2	
		O
(II an er Note:	tive date, if other than the date of filing: 1913 (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 605,020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nent's effective date on the Department of State's records.	97 (3)(b s the
If the recor record is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.	
Dated	Styl. 13 Carlos A. Menclose Signature of a member or authorized representative of a member	
	Garlos A. Mencloza	
	Signature of a member or authorized representative of a member	
	Carlos A. Mendoza Typed or printed name of slarger	

Filing Fee: \$25.00