

L21000208689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

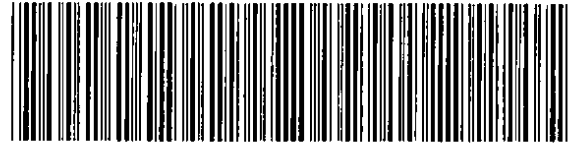
(Business Entity Name)

(Document Number)

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JUN 15 11 15 PM 6:50
DEPT OF STATE
TALLAHASSEE, FL

R. HUNT
06/15/23

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: C & Rdoza Trucking LLC
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:

Ruth E. Lopez
Name of Person

C & Rdoza TRUCKING LLC
Firm/Company

1108 Iris LAKE DR. Apt 301
Address

Tampa FL 33619
City/State and Zip Code

carlosm118@yahoo.com
E-mail address: (to be used for future annual report notification)

CLERK OF STATE
TALLHASSEE, FL

2003 JUN 15 PM 6:50

FILED

For further information concerning this matter, please call:

Ruth E. Lopez at 484 719 5890
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

C & Rdoza Trucking LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

C & Rdoza

The Articles of Organization for this Limited Liability Company were filed on 05/04/2021 and assigned Florida document number L21000208689

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

C E Rdoza Trucking LLC

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip Code

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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
	N/A		<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
	N/A		<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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CLERK OF STATE
TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Name change From C & Rdoza TRUCKING LLC

TO C E Rdoza TRUCKING LLC

2023 JUN 15 PM 6:50
OFFICE OF STATE
TREASURER
TALLAHASSEE, FL

ED

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated June 12, 2023

Ruth E Lopez
Signature of a member or authorized representative of a member

Ruth E Lopez
Typed or printed name of signee