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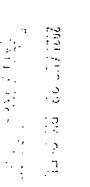
(Requestor's Name)
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(Business Entity Name)
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9/11/21

COVER LETTER

TO: Registration Division of C			
	ATBED 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 corres	pondence concerning this matter	to the following:	
	LIBER A ALVAREZ MA	RTINEZ	
		Name of Person	
	MGR		
		Firm/Company	
	1790 ABBEY RD APT 10	6B	
		Address	
	WEST PALM BEACH, F	L 33415	
	ADOLFOMARTINEZ1588	City/State and Zip Code	
		to be used for future annual report notif	fication)
For further information	concerning this matter, please c	all:	
LIBER A ALVAREZ	MARTINEZ	561 319-1131 at ()	
Name	e of Person	at () Area Code Daytime	e 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, Ft. 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L&E FLATBED TRUCKING 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 FLORIDA 5/17/21 and assigned Florida document number 1.21000228811 This 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 "LLC" or the abbreviation "LLC." 1790 ABBEY RD Enter new principal offices address, if applicable: APT 106B (Principal office address MUST BE A STREET ADDRESS) WEST PALM BEACH, FL 33415 1790 ABBEY RD Enter new mailing address, if applicable: **APT 106B** (Mailing address MAY BE A POST OFFICE BOX) WEST PALM BEACH, FL 33415 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: LIBER A ALVAREZ MARTINEZ Name of New Registered Agent: 1790 ABBEY RD APT 106B

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

New Registered Office Address:

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.

WEST PALM BEACH

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

____, Florida 33415 Zip Code

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	LIBER A ALVAREZ MARTINEZ	1790 ABBEY RD	
		APT 106B	Remove
		WEST PALM BEACH, FL 33415	☐ Change
			
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Effective date, if other than the fan effective date is listed, the date ment in this lead to the date in this lead to the date on the lead to the lea	lock does not r	neet the applicabl	ate of filing or more e statutory filing re	(optional) than 90 days after filing quirements, this date) Pursuant to 605,020 will not be listed as
ne record specifies a delaye The 90th day after the re	ed effective of cord is filed.	date, but not a	n effective tim	e, at 12:01 a.m.	on the earlier o
08/10/2021		01:00PM			
	To the second				
	THE STATE OF THE S		ed representative of a		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00