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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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T. MATTHEWS

DEC 10 2021

## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassec, FL 32314

GIBARA T	TRUCKING LLC		
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ERNESTO TORRES TOL	EDO	
		Name of Person	
	GIBARA TRUCKING LL	.c	
		Firm/Company	<del></del>
	4509 WHITWORTH LN		
		Address	
	TAMPA FL 33624		
		City/State and Zip Code	
	GIBARA963@GMAIL.CO		
		to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
ERNESTO TORRES TO	)LEDO	813 517-7429 at ()	
Name o	f Person	Area Code Daytir	me Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	•	The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 KOY 29 PH 3: 16

If Changing Registered Agent, Signature of New Registered Agent

GIBARA 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 $\frac{06/25/2}{2}$	021	and assigned
Florida document number L21000296148			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company." the design	ation "LLC" or the ab	breviation "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)			
	·	<del></del> -	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our recor		-
New Registered Office Address:			
rew regimered typhee radiess.	Enter Florida si	reet address	•
		, Florida	
	City	, <u></u>	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre	ee to act in this capa	city. I further agr duties, and I am f	ree to comply with the

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 21 KG4 29 Pin 3: 1	Type of Action
MGR	YERLIS YURIAN RODRIGUEZ !	4509 WNITWORTH LN	<b>≣</b> Add
		TAMPA FL 33624	□Remove
			□Change
			□ Add
	<del></del> ,	□Remove	
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			□ Remove
			E Charles

AD NEW MGR:	· 23 Pil 3: 16
YERLIS YURIAN RODRIGUEZ	AYO 21 KU 25 Pil 3: 16
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Tective date, if other than the date	filing: NOVEMBER 22,2021 (optional)
an effective date is listed, the date must be $s_i$	ific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (s not meet the applicable statutory filing requirements, this date will not be listed as t
record specifies a delayed effective date is filed.	out not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
nted NOVEMBER 22	2021
GHoledo	e of a member or authorized representative of a member

Typed or printed name of signee