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TO: Registration Section Division of Corporations

NANY TRUCKS COMPANY LLC SUBJECT: 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: Osdany Lopez Santana Name of Person NANY TRUCKS COMPANY LLC Firm/Company 4062 Vicliff rd Address West Palm Beach FL 33406 City/State and Zip Code Leisyr200@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 614-9912 **Orisleisy Garcia Ravelo** at (<u>561</u>) Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, 🕱 \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF	AMENDMENT	
ARTICLES OF TO ARTICLES OF O O O (<u>Name of the Limited Liability Compa</u> (A Florida Limited 1	O PRGANIZATION F	2021 AUG 18 PH 12:58 CELETARY OF STATE
The Articles of Organization for this Limited Liability Company Florida document number <u>1,2,10005067741</u> ,	were filed on $\underline{7}61$	21 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Enter new principal offices address, if applicable: (<i>Principal office address MUST BE A STREET ADDRESS)</i>		
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>er</u>	iter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	ldress
		. 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 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

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<u>Title</u>	Name	Address	Type of Action
MGR	Orisleisy Garcia Ravelo	4062 Vicliff Rd, West Palm Beach, FL 33406	🛛 Add
			🗆 Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 August 13 . 2021. -1.000 Signature of a member or authorized representative of a member + Ospany Copez Santana Typed or printed name of signee