## L21000307246

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(Business Emily Name)
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## **COVER LETTER**

Division of Co	rporations				
La Cruz Tr	ruck LLC				
SUBJECT:					
<del></del>	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Ahmed J Cruz Mora				
		Name of Person	<del></del>	-	
	La Cruz Truck LLC				
		Firm/Company		=	
	7911 old kings rd s				
		Address		•	
	Jacksonville Fl 32217				
	lacruztrucklle@gmail.com	City/State and Zip Code	<del></del>		
	-	to be used for future annual report notific	ration)		2 <sub>1</sub> 1
For further information of	concerning this matter, please co	all:			7021 JET.
Sandra A. Sanchez Herna		786 237-9369			JU 28 P
	en.	at ()	*	· 	20
Name e	of Person	Area Code Daytime	l'elephone Number		T.Y. e
					- 13: - 17 - 25:
Enclosed is a check for the	he following amount:				Cr;
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fi Certifical Certified (additional	te of State Copy	

Registration Section

TO:

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

La Cruz Truck LLC
(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited (A Florida Limited)	Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on La C	Cruz Truck L.L.C	and assign	ed
Florida document number				
This amendment is submitted to amend the following:				
If amending name, enter the new name of the limited liability company here:  new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  ter new principal offices address, if applicable:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the des	signation "LLC" or the al	obreviation "L.L.C.	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	_			
	<del> </del>			
Enter now mailing address: if applicables		<del>.</del>	2021	
	<del></del>			<del></del>
(Mailing address MAY BE A POST OFFICE BOX)				
			<u> </u>	1
	address on our rec	cords, <u>enter the nam</u>	ie of the new re	gistered
agent and/of the new registered office address nere.			, <u>မှ</u>	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Floria	la street address		
		, Florida		
	City	, Florida	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ahmed J cruz Mora	7911 old kings rd s Jacksonville Fl 32217	
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			□Remove
		-	X Change
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an effective date is listed, the d	this block does no	ot meet the appli	cable statutory fil	more than 90 days ing requirements	after filing.) Pursus, this date will no	ant to 605.0 of be listed
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ocument's effective date or					5.4	
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