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	Division of Cor	porations	H- 1
	Fax Number	: (850)617-6383	2001 SEP
From:	Account Name Account Number Phone Fax Number	: LAZARUS CORPORATE FILING SERVICE, INC. : I20000000019 : (305)552-5973 : (305)675-5944	-8 PH 5

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ESQUIVEL TRANSPORTING COMPANY LLC

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Corporate Filing Menu

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09/09/2021	13:45	3052201440	LAZARUS CORPORATE	PAGE 02/04
		ART	TICLES OF AMENDMENT	· · · · ·
,			ТО	
		. ARTI	CLES OF ORGANIZATION	· · ·
			OF	
·	ESQUIVE	L TRANSPORTING CO	MPANY LLC	•
	<u> </u>	(Name of the Limit	ed Lisbility Company as it now appears on our records.) (A Florida Limited Liability Company)	·····
The Articles Florida docu	of Organiz		ability Company were filed on 08/12/2021	and assigned
This amenda	ment is subr	nitted to amend the follo	wing	د م
		•		Fig 5 -11
A. If amen	ding name,	enter the new name of	(the limited liability company here:	THE THE
N/A				<u> </u>
The new name	must be disti	nguishable and contain the v	ords "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new	principal of	ffices address, if applic	able: <u>N/A</u>	
		SS MUST BE A STREE		्र
111000000				57.0
		•		
		dress, if applicable:	N/A	<u> </u>
		•		
(Mailing au	<u>idress MAY</u>	<u>' BE A POST OFFICE</u>	<u></u>	
				·
B. If amen agent and/	iding the re or the new	gistered agent and/or registered office addre	registered office address on our records, <u>enter the</u> e <u>ss here</u> :	name of the new registered
N	ame of Ney	v Registered Agent:	JARIEL ESQUIVEL VELOZ	
			1050 W 45 PLACE	·

nstered Office Address.	Enter Florida street address			
	HIALEAH		Florida 33012	
•		Çürv	Zip Cnds	

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.

Ин of New Reg gent

If Charging Registered Agent Instare 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 Type of Action Address <u>Title</u> Name 1050 W 45TH PLACE; HIALEAH, FL 33012 JARIEL ESQUIVEL VELOZ MGR □Add Remove Change JARIEL ESQUIVEL VELOZ 1050 W 4TH PLACE; HIALEAH, FL 33012 AMBR ∎ Add Remove Change -9511 FOUNTAINEBLEAU BLVD; APT 514 ALIANET DIAZ ACOSTA MGR ∎Add HIALEAH, FL 33172 DRemove Change Remove Change Remove Change □Add Remove Change

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x,x,x,							
	er than the date of	08/12/20	121		(optio		

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.

SEPTEMBER 2ND	2021
Dated	,,, _,, _
	Signifiere of a member or authorized representative of a member

JARIEL ESQUIVEL VELOZ

Typed or printed name of signee

.