## 121000391250

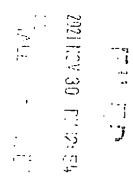
| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
|   |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

Office Use Only



400377067994

11/30/21--01010--004 \*\*25.00



1 EC 1 5 1871 O BISTOCE

## **COVER LETTER**

TO:

| TO: Registration S Division of Co | orporations                                  |   | •  |
|-----------------------------------|--|---|--|
| SUBJECT:                          | aleyah's Trucki                              | ng LLC  |  |
| SOBJECT.                          | Name of Lim                                  | ited Liability Company  |  |
| The enclosed Articles o           | f Amendment and fec(s) are sub               | mitted for filing.  |  |
| Please return all corresp         | oondence concerning this matter              | to the following:   |  |
|                                   | Rober  | to Lopez Palmar Name of Person  |  |
|                                   | Valeyo                                       | 9hS Trucking LLC. Firm/Company  |  |
|                                   |  | Town N country B  | Blud   |
|                                   |  | Tampa, PL 33615   | 5  |
|                                   | Onlytha Cin                                  | City/State and Zip Code   |  |
|                                   | E-mail address: (                            | Wagnail. Com to be used for future annual report notification         | 29.  |
| For further information           | concerning this matter, please concerning    | all:  | (  |
| Roberto L                         | opez Valmau                                  | at (813) 614 - 516<br>Area Code Daytime Telep                         | 2021 113Y 3D   |
| Name                              | of Person                                    | Area Code Daytime Telep   | thone Number   |
| Enclosed is a check for           | the following amount:                        |   | Si Ch  |
| \$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 Addre<br>Registration     | <del></del>                                  | Street Address:<br>Registration Section                               |  |
| Division of                       | Corporations                                 | Division of Corporati   |  |
| P.O. Box 63<br>Tallahassee,       |  | The Centre of Tallah<br>2415 N. Monroe Stre                           |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Valeyah's Trucking LLC.   |   |               |                           |            |
|---|---|---------------|---------------------------|------------|
| (Name of the Limited Liability Company as it now Appears on our (A Florida Limited Liability Company)                                     | ecords.)  |               |                           |            |
| The Articles of Organization for this Limited Liability Company were filed on   | he following:  ame of the limited liability company here:  tin the words "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C."  applicable:  STREET ADDRESS)  Tampa, FL 33615  ble:  FICE BOX)  and/or registered office address on our records, enter the name of the new register address here: |               |                           |            |
| 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                                   |   | $\bigcirc$ .  |                           |            |
|   |   |               |                           |            |
|   | 0 601<br>336  | Hry<br>15     | Blu                       | <u>d</u>   |
| Enter new mailing address, if applicable:   |   |               |                           |            |
| (Mailing address MAY BE A POST OFFICE BOX)  | _   |               |                           |            |
| B. If amending the registered agent and/or registered office address on our records, agent and/or the new registered office address here: | enter the n   | ame of t      | he new<br>2021            | register   |
|   |   | ! <del></del> | 7                         | 77         |
| Name of New Registered Agent:   |   | · .           | <del></del>               | 2          |
| New Registered Office Address:  Enter Florida street  | uddress   | 10.1          |                           |            |
|   |   |               | $\overline{\mathfrak{D}}$ | . <b>J</b> |
| City  | _, 1 10111114   | Zij           | o Eblle                   |            |

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 |
|--------------|---------------------------------------|---|----------------|
| <u>HGR</u>   | Roberto lopez Valmav                  | 5107 Town N country<br>Brid Tampa, FL 33415 | DANG           |
|              |                                       |   | □Remove        |
|              |                                       |   | □Change        |
| <u> </u>     |                                       |   | □Add           |
|              |                                       |   | □Remove        |
|              |                                       |   | □Change        |
|              | · · · · · · · · · · · · · · · · · · · |   | 🗆 Add          |
|              |                                       |   | □Remove        |
|              |                                       |   | Change         |
|              |                                       | · ·   | □'A}dd -···    |
|              |                                       |   | ERemove        |
|              |                                       |   | ∵ Change       |
|              |                                       |   | □Add           |
|              |                                       |   | □Remove        |
|              |                                       |   | Change         |
|              |                                       |   | □Add           |
|              |                                       |   | □Remove        |
|              |                                       |   | □Change        |

| -                                  |   |       |
|------------------------------------|---|-------|
|                                    |   |       |
| <del></del>                        |   |       |
| <u></u>                            |   |       |
|                                    |   |       |
|                                    |   |       |
|                                    |   |       |
|                                    | 2021.   |       |
|                                    |   | •     |
|                                    |   |       |
|                                    |   | )<br> |
|                                    | · · · · · · · · · · · · · · · · · · ·   |       |
|                                    |   |       |
|                                    |   |       |
| lf an effecti<br><u>Note:</u> If t | date, if other than the date of filing: 11/10/21 (optional) we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605, the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lister's effective date on the Department of State's records. |       |
| e record sp<br>rd is filed.        | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after   | the   |
| Dated                              | Nov 16 2021.  |       |
|                                    | Signature of a member or authorized representative of a member  |       |
|                                    | Roberto Lopez Palmau.  Typed or printed name of signey  |       |