L21000417080

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: CBA	TRUCKS LLC		
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARIA DEL PILAR	DURAN, EA	
		Name of Person	
	TUSTAXES123 LLC	,	
		Firm/Company	
	5881 NW 151 ST. S	UITE 204	
		Address	
	MIAMI LAKES, FL 33	014	
	·	City/State and Zip Code	
	TUSTAXES123@YAH		
	E-mail address: (to be used for future annual report no	otitication)
For further information c	oncerning this matter, please c	all:	
MARIA DEL PILAR I	DURAN, EA	at (305) 788-403	2
Name o	f Person	Area Code Dayti	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:	and an
Registration 5 Division of C		Registration S Division of Co	
P.O. Box 632		The Centre of	•
Tallahassee, I			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

CDA TRUCIO LLO	ted Liability Company as it new appears	- 2021 DEC	10 44 10. 00
(Name of the Limi	(A Tierals Liming Lability Company)	en eat texes.	10 HIT ID: 28
The Articles of Organization for this Limited L. Florida document number <u>L21000417080</u>	isbility Company were filed on 09/	17/2029 TALLA	HAS SE EXIST
This amendment is submitted to amend the foll	owing		
A. If amending name, enter the new name o	f the limited liability company her	t :	
The new same must be distinguishable and contain the	rords "Limited Liability Company," the desi	fration "LLC" or the st	obreviation "L.1_C."
Enter new principal offices address, if appli	cable:		
Principal office address MUSI BE A SIRE	ET.ADDRESSI		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BON		
B. If amending the registered agent and/or agent and/or the next registered office addresses	registered office address on our rec ess here:	ords, <u>enter the nau</u>	se of the new registered
Name of New Registered Agent:	GAVIOLA, AGUSTIN		
New Registered Office Address:	6435 BAY CLUB DR STE 2		
- THE STREET,	Enter Florid	a street address	
	FORT LAUDERDALE	Florida	33308
	Ctty		Zlp Code

New Registered Agent's Signature, if changing Registered Agents

CBA TRUCKS LLC

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 Changing Regulated Agent, Signature of New Recitiesed Agent

/

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>Tide</u>	<u>Name</u>	Address	Type of Action
MBR	MARIA FERNANDA RODRIGUEZ	568 WOODGATE CIR	DAdd
		SUNRISE, FL 33326	@Remove
			D Change
			DA&
			ORemove
			C Change
			OA44
			CRemove
			Change
			Dⅆ
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fective date, if other than the dat a effective due is limid, the date must be fer. If the date inserted in this block o cument's effective date on the Depar	loes not meet the ap	plicable statutory fil		
scord specifies a delayed effective da is filad.	e, but not an effecti	ve time, at 12:01 a.m	a. on the earlier of: (b)	The 90th day after th
DECEMBER 06	. 2024			
	//	Ma	_	
		suchorized representati		

Typed or printed name of signer