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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Business Entry Name)	
(Document Number)	
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SECRETARY OF STATE TALLAHASSEE, FL

COVER LETTER

Division of Cor		•	
SUBJECT:	Zeinoso Tr	ucking 11c	
	Name of Lim	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:	
	Diana	2 Abreu Name of Person	
	Direct t	Permits & M Firm/Company	ore
	16350 S	W 112 ave	•
		. Iddiess	
	Miami	Fl 39157 City/State and Zip Code 11105 01 00 8 to be used for future annual report not	-
		City/State and Zip Code	/ 4 0
	E-mail address:	to be used for future annual report not	Mai I. WM
For further information c	oncerning this matter, please ca		,
Disas	Alamer 1	at (786) 325	- 447
Dlana Name o	f Person		ne 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 Registration 5		Street Address: Registration Se	etion
Division of C		Division of Co	rporations
P.O. Box 632 Tallahassee, 1		The Centre of 2415 N. Monro	Fallahassee be Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Keinoso Trucking	LLC	
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comparing Florida document number 2200009010	any were filed on $\frac{1/3/22}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	71/4	TC 2
(Principal office address MUST BE A STREET ADDRESS)	2	10000000000000000000000000000000000000
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	nla	OF STATE
B. If amending the registered agent and/or registered office and/or the new registered office address here: Name of New Registered Agent:	ce address on our records, enter the nam	ne of the new registered
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	

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 Registered Agent, Signature of New Registered 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>Title</u>	Name	Address	Type of Action
Mgr	Name Jorge Monterde Muguruzo	4484 Indian Crk drive Apt 235 Miami Beach, Fl 33141	Xadd
	·		🗆 Remove
			□Change
			□Add
			□Remove
			□Change
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Fffect	ive date, if other than the date of filing: (optional)
(If an ef	fective 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 605.0207 (3
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	rd 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
ord is fi	led.
	August 12 2022
Dated	<u> </u>
	I Madrewes
	Signature of a member or authorized representative of a member
	Lorenzo Reinaso Rodriguez Typed or printed name of signee
	LUICIZU I-CITIBU FOUNGUEZ

Filing Fee: \$25.00