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| (R | equestor's Name) |
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| PICK-UP | WAIT MAIL |
| (B | dusiness Entity Name) |
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| Certified Copies | Certificates of Status |
| Special Instructions to | o Filing Officer: |
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Office Use Only



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COVER LETTER

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|---------------------|--|--|---------------------------------------|---|
| | RUGAMA TRUCKING LLC ECT: Name of Limited Liability Company | | | |
| SUBJECT: | | Name of Lim | ited Liability Company | |
| The enclosed | Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspo | ndence concerning this matter | to the following: | |
| | | Alan Martinez | | |
| | | | Name of Person | |
| | information concerning JOSE RUGAMA R Name of Person s a check for the follows: Filing Fee State Adam SIM 750 MIA r.rug information concerning D JOSE RUGAMA R Name of Person S a check for the follows Filing Fee \$ 50 \$ 50 \$ 60 \$ 750 MIA ** ** ** ** ** ** ** ** ** | SIMPLEX GROUP INC | | |
| | | MA TRUCKING LLC Name of Limited Liability Company s of Amendment and fee(s) are submitted for filling. espondence concerning this matter to the following: Alan Martinez Name of Person SIMPLEX GROUP INC Firm/Company 7500 NW 52ND ST, SUITE 100 Address MIAMI FL 33166 City/State and Zip Code r_rugama@hotmail.com E-mail address: (to be used for future annual report notification) on concerning this matter, please call: UGAMA REYES at (| Firm/Company | |
| | | | | |
| | | | Address | |
| | | Alan Martinez Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following: Alan Martinez Name of Person SIMPLEX GROUP INC Firm/Company 7500 NW 52ND ST, SUITE 100 Address MIAMI FL 33166 City/State and Zip Code r.rugama@hotmail.com E-mail address: (to be used for future annual report notification) on concerning this matter, please call: JGAMA REVES at (786 4453838 Daytime Telephone Number) or the following amount: STeet Address: Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Iress: Street Address: Registration Section Floroporations Privision of Corporations | | |
| | | | | |
| | | - " | to be used for future annual report t | natification) |
| For further in | nformation c | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| ROLANDO | JOSE RUG | AMA REYES | | |
| | Name o | f Person | Area Code Day | time Telephone Number |
| Enclosed is a | check for th | ne following amount: | | |
| ■ \$25 ,00 F | filing Fee | | Certified Copy | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | | |
| Div | rision of C | Corporations | Division of C | Corporations |
| |), Box 632 Hahassee, I | | | t Tallahassee nroe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAR 21 AM 10: 19

RUGAMA TRUCKING LLC

SECOL : CASTATE TALL : 1488EE.FL

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| Florida document number L22000009172 | were filed on $\frac{01/03/2}{}$ | and assigned |
|--|----------------------------------|---|
| | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the limited liab</u> | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the design | ation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| (Stating duaress SEAT DE A FUST OF FICE DUM | - | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | iddress on our recor | ds, <u>enter the name of the new registered</u> |
| Name of New Registered Agent: | | |
| Name of New Registered Agent: New Registered Office Address: | Para El millo | |
| | Enter Florida s | ▶ |
| | | treet address, Florida Zip Code |
| | Cuy | ▶ |

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> | <u>Name</u> | Address | Type of Action |
|--------------|---------------------------|------------------------------|-----------------|
| AMBR | Rolando Jose Rugama Reyes | 2727 NW 17TH TERRACE APT 504 | □Add |
| | | MIAMI, FL 33125 | □Remove |
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| antiva dat | te, if other than the da | te of filings | | | | _ (optional | \ | |
| effective d | ate is listed, the date must be | specific and ca | annot be prior to | date of filing or | more than 90 (| lays after filin | g.) Pursuant to 60: | 5.020 |
| | date inserted in this block ffective date on the Depa | | | ile statutory fil | ing requirem | ents, this dat | e will not be itsi | ed as |
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| eord speci | fies a delayed effective d | ate, but not ar | n effective tin | ne, at 12:01 a.n | ı, on the earli | erof: (b) - T | he 90th day afte | r the |
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