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COVER LETTER

	gistration Se vision of Cor			•
SUBJECT:		IREH TRUCKS LLC		
SUBJECT:		Name of Lin	nited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	n all correspo	ondence concerning this matter	to the following:	
		MAURICIO, GUERRERO) YELHA	
			Name of Person	
				29 27. C
			Firm/Company	55¢, 19
		4988 SW 183RD AVE		227 COP 16 PM 4: 36
			Address	EE'S
		MIRAMAR, FL 33029		4: 36 TATE . FL
			City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For further i	information c	oncerning this matter, please c	all:	
MAURICIO), GUERRER	RO YELHA	954 488-4067 at ()	
	Name o	f Person		e Telephone Number
Enclosed is	a check for th	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)
	niling Addres		Street Address:	arius
	-	orporations	Registration Se Division of Cor	
	O. Box 632		The Centre of T	
Ta	llahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Normal of the Limited Lindblas Com. 1)		
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	on our records.)	
he Articles of Organization for this Limited Liability Company were filed on $\frac{01/6}{2}$	06/2022 and assi	igned
orida document number L22000014488		_
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability company he	<u>re</u> :	
QUYSER USA LLC		
ne new name must be distinguishable and contain the words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.I	L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	76.	
nter new mailing address, if applicable:	浸入 あ :	
•	Ö D TO	16
Mailing address MAY BE A POST OFFICE BOX)	m _{or} =	<u> </u>
	<u> </u>	
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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.

City

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	SALOMON, BONILLA GARZON	6795 SW 132 AVE, APT 308, MIAMI, FL 33183	= Add
			□Remove
			□Change
AMBR	YEIMI, GONZALEZ ZAMUDIO	6795 SW 132 AVE, APT 308, MIAMI, FL 33183	= Add
			□Remove
			Change
AMBR	EMILSE, GIL	4988 SW 183RD AVE, MIRAMAR, FL 33029	Add
		ASSER	Remove
		EE STATE	Change
			□Remove
			□Change
			□Add
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Effortive data if oth	er than the date of f	Clina.		(4°	D		
f an effective date is liste Note: If the date inser	d, the date must be specificated in this block does that on the Department	ic and cannot be prior t not meet the applica	to date of filing or mo tble statutory filing	(option of the control of the contro	filing.) Pur s date will	suant to 6 not be li	05.0207 sted as
record specifies a del d is filed.	ayed effective date, bu	t not an effective tir	ne, at 12:01 a.m. o	n the earlier of: (b) The 90	th day af	ter the
	10	2022	<u> </u>				
Dated SEPTEMBER	,, -, -	of a member or autho					

Filing Fee: \$25.00