

L22000083146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

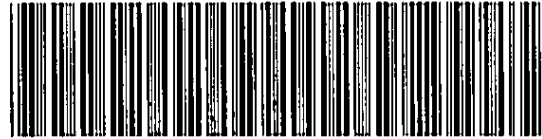
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22 AUG 26 PM 3:51
DIVISION OF CORPORATIONS
STATE OF FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALEX RODELO CORP

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEX RODELO

Name of Person

ALEX RODELO CORP

Firm/Company

4491 SW 159TH PATH

Address

MIAMI /FL 33186

City/State and Zip Code

alexrodos@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEX RODELO

786

357-9272

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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1000 JOURNAL OF CLIMATE

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

ENTERTAINMENT AND DISTRIBUTIONS TRUCKING COMPANY LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/21/2022 and assigned
Florida document number L22000083146.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ENTERTAINMENT AND DISTRIBUTIONS TRUCKING COMPANY LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

17005 SW 94 TERRACE MIAMI FL 33196

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

17005 SW 94 TERRACE MIAMI FL 33196

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ANA MARIA ARANGO

New Registered Office Address:

17005 SW 94 TERRACE

Enter Florida street address

MIAMI

Florida 33196

City

Zip Code

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	DANIELA CORTES PADILLA	759 SW FEDERAL HIGHWAY SUITE 304	<input type="checkbox"/> Add
		STUART, FL 34994	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	GONZALO A CORTES HOLGUE	759 SW FEDERAL HIGHWAY SUITE 304	<input type="checkbox"/> Add
		STUART, FL 34994	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANA MARANGO CARVAJAL	17005 SW 94 TERRACE	<input type="checkbox"/> Add
		MIAMI, FL 33196	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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DIVISION OF CHILDREN & FAMILIES
STATE OF FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

U.S. DEPARTMENT OF JUSTICE
DIVISION OF CONSUMER PROTECTION

E. Effective date, if other than the date of filing: AUGUST 21, 2022 (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated AUGUST 21, 2022

Signature of a member or authorized representative of a member

ANA MARIA ARANGO

Typed or printed name of signee

Filing Fee: \$25.00