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of 4/9/2022

COVER LETTER

Tallahassee, FL 32314

TO: Registration Division of C	Section Corporations
CUBICAT.	Lazaro F Trucking Inc
SUBJECT:	Name of Limited Liability Company
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corre	spondence concerning this matter to the following:
	Lazaro Falcon Garcia
	Name of Person
	Firm/Company
	10511 SW 108 ave Apt 194
	Address
	Miami F1 33176
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information	on concerning this matter, please call:
Lazaro Fa	at (305) 244-8572 Area Code Daytime Telephone Number
Nan	ne of Person Area Code Daytime Telephone Number
Enclosed is a check for	or the following amount:
□ \$25.00 Filing Fee	Solutional copy is enclosed) \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Ado</u> Registratio	
Division o	f Corporations Division of Corporations
P.O. Box 6	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Lazaro.	. F Tro	ochin a	Inc	2022 MAR 23 AM 8: 39
(<u>Name of the Limited Liab</u> (A Flor	ility Compar ida Limited L	ny as it now appr liability Company	ears on our reco	TALLARASSEE, FI
The Articles of Organization for this Limited Liability Florida document number <u>L22000667</u> 8	Company	were filed on _	02/23	1/2022 and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liabi	lity company	<u>here</u> :	
Lazaro. F Truckin	19 L	L C		
The new name must be distinguishable and contain the words "L	imited Liabili	ity Company," th	e designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADI	DRESS)			
				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
		.		
B. If amending the registered agent and/or register agent and/or the new registered office address here		ddress on oui	records, <u>ent</u>	er the name of the new registere
	-			
Name of New Registered Agent:				
New Registered Office Address:				
		Enter F	lorida street ada	ress
		- 		Florida
		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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
		·	□Add
			□Remove
			□Change
			Remove
			□Change
			□Add
			□Remove
			□Change

					
					
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fective date, if other to the effective date is listed, the ote: If the date inserted cument's effective date	e date must be specific in this block does n	e and cannot be prior of meet the application			ng.) Pursuant to 605.0207
ecord specifies a delayed is filed.	d effective date, but	not an effective tii	ne, at 12:01 a.m. or	the earlier of: (b)	The 90th day after the
ned <u>march</u>	20	2021	~		
1100		~ (l)	<i>)</i>		
<u> </u>		Plath	W.		
	Signature c	of a member or author	vized representative o	f a member	