

L22000101296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

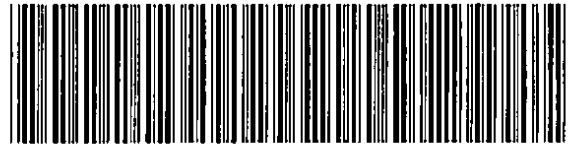
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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11/27

# COVER LETTER

O: Registration Section  
Division of Corporations

SUBJECT: YOVIS TRUCKING LLC  
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:

FRANCISCO HERNANDEZ

Name of Person

YOVIS TRUCKING LLC

Firm/Company

900 NE 25<sup>th</sup> ST

Address

Belle Glade, FL 33430

City/State and Zip Code

emilycruz115@gmail.com

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

For further information concerning this matter, please call:

FRANCISCO HERNANDEZ at (561) 692-8456  
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

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

Yovis TRUCKING 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 02/25/2022 and assigned  
Florida document number L22000101296.

This amendment is submitted to amend the following:

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

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:**

Principal office address MUST BE A STREET ADDRESS

**Enter new mailing address, if applicable:**

Mailing address MAY BE A POST OFFICE BOX

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TALLAHASSEE, FLORIDA

**3. 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:

FRANCISCO HERNANDEZ

New Registered Office Address:

900 NE 25th St.

Enter Florida street address

Belle Glade

City

Florida

33430

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.

Francisco Hernandez  
If Changing Registered Agent, Signature of New Registered Agent

[illegible]

SECRETARY OF  
TALLAHASSEE, FL  
2023 NOV 27 AM

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TALLAHASSEE, FLORIDA

\* 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.

Francisco Hernandez  
Signature of a member or authorized representative of a member

FRANCISCO HERNANDEZ  
Typed or printed name of signer