L22 000 1 0 9 9 5 4

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT .	/AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	1
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04/13/22--01020--006 **80.00

DIVISION OF COMPORATION

T. MATTHEWS MAY - 3 2022

COVER LETTER

	egistration Sec ivision of Corp		•		
enn neet		* · INNOVA TRU	CK LLC	·	
SUBJECT	:	Name of Lim	ited Liability Company		
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please retu	rn all correspor	ndence concerning this matter	to the following:		
		PAOL	.A S GONZALEZ CASTILLO		
			Name of Person		
			INNOVA TRUCK LLC		
			Firm/Company		
		6	175 NW 186TH ST APTO 202		
	Address HIALEAH FL 33015				
	City/State and Zip Code				
		E-mail address: (to be used for future annual report no	otification)	
For further	information co	ncerning this matter, please c	all:		
P.	AOLA GONZA	ALEZ	786 342 :	5530	
	Name of	Person	Area Code Dayt	ime Telephone Number	
Enclosed is	a check for the	e following amount:			
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ailing Address egistration S		Street Address: Registration S	Section	
D	ivision of Co	orporations	Division of C	orporations	
P.O. Box 6327		7	The Centre of	Tallahassee	

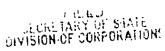
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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



22 APR 13 PM 12: 59

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	PAOLA S GONZALEZ CASTILL	6175 NW 186TH ST APT 202 Hialeah Fl 33015	= Add
			Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
		·	□Change
			□Add
			□Remove
			□Change
			🗖 Add
			Remove
			□Change

Note:	tive date, if other than the date of filing: (optional) (optional) (fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
reco Lis f	rd 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 iled.
ated	04/03/2022
	Contest .
	Signulare of a member or authorized representative of a member

Filing Fee: \$25.00