K22 000127042

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AUG - 5 2022 M. SOLOMON

COVER LETTER

TO: Registration Section Division of Corporations					
	TRUCKING LLC				
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	YUDMILA FERNANDE	4			
		Name of Person			
	LA JABA TRUCKING L	LC .			
Firm/Company				* 4	
3125 W RIO VISTA AVE Address					
				-	
	TAMPA, FL 33614				
	-	City/State and Zip Code	1104-1-1-1	41.	
	lajabatrucking@gmail.com	to be used for future annual report no	tiliantion	₩>	
For further information of	concerning this matter, please c	·			
YUDMILA FERNANDEZ		813 403-2876			
Name o	of Person	at () Area Code Daytii	me Telephone Number		
Enclosed is a check for t	he 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 Stat Certified Copy (additional copy is en	tus &	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration S Division of Co The Centre of	orporations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA JABA 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 $_03/14/2022$ and assigned Florida document number _L22000127042 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 "LLC." 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) 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: New Registered Office Address: Enter Florida street address _ Florida __ Cuv

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>	Address	Type of Action
AMBR	LAZARO ANGEL LOPEZ GIL	3125 W RIO VISTA AVE	
		TAMPA FL 33614	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□ Change
			Add ??
			Remove
			□Change
			☐Add
			🗖 Remove
			Change
			□ Add
			□Remove
			□Change

Typed or printed name of signee