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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
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SECRETARY OF STAT

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COVER LETTER

	Registration Division of 0	s Section Corporations		
	RVRC	TRUCKING LLC		
SUBJEC	_			
		of Amendment and fee(s) are subn		
Name of Person				
		RVRC TRUCKING LLC		
			Firm/Company	
		8501 N 50TH ST #901		2024 SEC
			Address	
		TAMPA, FL 33617		AAA T.
		rvrl0214@gmail.com	City State and Zip Code	FILED 2024 OCT -2 PM 12: 44 SECRETARY OF STATI TALLAHASSEE, FL
			be used for future annual report notification)	
For furth	er informatie	on concerning this matter, please cal	H:	LATE #
RENE R	AMIREZ L	ABRADA	832 710-0196	
	Nar	ne of Person	at () Area Code Daytime Telephone Ne	imber
Enclosed	l is a check f	or the following amount:		
≣ \$ 25,0	00 Filing Fe	e \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee. tificate of Status & tified Copy tuonal copy is enclosed)
	Mailing Add Registration Division o		Street Address: Registration Section Division of Corporations	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

lability Company as it now appears on our reco lorida Limited Liability Company)	<u>)rds.</u>)
ity Company were filed on 4/27/2022	and assigned
·	
ığ:	
limited liability company here:	
"Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
.: N/A	
DDRESS)	
N/A	2024 OCT SECRETA TALLAH
tered office address on our records, <u>ent</u>	er the name of the new register
?/A	
Enter Florida street ada	lress
City	Florida Zip Code
	Elimited liability company here: "Limited Liability Company," the designation "L. N/A DDRESS) N/A N/A Enter Florida street add Enter Florida street add

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
N/A			□ Add
			Remove
			□Remove
		****	Change
			2024 OCT -2 PM 12: 山 SECR留ARY
			PH 72: LL
			□Change
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TIMU

Typed or printed name of signee