L22000275825

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
| Definited depices |
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| Special Instructions to Filing Officer: |
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Office Use Only

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COVER LETTER

| TO: Registration Sec Division of Corp | | | | |
|--|--|---|--|---|
| CP I TRUCI | KING LLC | | | |
| SUBJECT: | Name of Limit | ed Liability Company | | |
| The enclosed Articles of A | Amendment and fee(s) are subn | nitted for filing. | | |
| | ndence concerning this matter t | | | |
| | JORGE L CRUZ FLORES | | | 512 |
| | | Name of Person | | 20 |
| | CP L TRUCKING LLC | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | | Firm/Company | | |
| | 8445 MATTITUCK CIR | | | |
| | | Address | | 26 |
| | ORLANDO, FL 32829 | | | • |
| | | City/State and Zip Code | | _ |
| | krzeuban50@gmail.com | | | - |
| | | to be used for future annual repo | rt notification) | |
| For further information c | oncerning this matter, please ea | all: | | |
| JORGE L CRUZ FLORI | ES | 334 685 40 at () | | <u>-</u> |
| Name o | f Person | Area Code I | Daytime Telephone Numb | эег |
| Enclosed is a check for the | he following amount: | | | |
| ■ \$25.00 Filling Fee | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Centified Copy (additional copy is enclose | Certifi d) Certifi | Filing Fee, icate of Status & led Copy mal copy is enclosed) |
| <u>Mailing Addre</u> Registration | | <u>Street Addr</u> Registratio | r <u>ess:</u> on Section | |
| Division of C | | Division of | of Corporations | |
| P.O. Box 637 Tallahassee, | | | e of Tallahassee Aonroe Street, Suite | 2810 |
| rananassee, | 1 1. 32317 | 2 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CP 1 TRUCKING LLC | | | | | |
|--|--|---------------------------------------|----------------|-----------------|--------|
| (Name of the Limi | ted Liability Company as it now ap (A Florida Limited Liability Compa | pears on our records.) ny) | | | |
| e Articles of Organization for this Limited L | | 1 06/16/2022 | an | d assign | ed |
| orida document number L22000275825 | | | | | |
| is amendment is submitted to amend the following | lowing: | | | | |
| If amending name, enter the new name of | of the limited liability compan | y here: | | | |
| | | | <u> </u> | | ·- · |
| new name must be distinguishable and contain the | words "Limited Liability Company," | the designation "LLC" or th | ne abbreviatio | m "L.L.C 2jj | |
| ter new principal offices address, if appli | cable: | | - 12 | 2922 | t |
| incipal office address MUST BE A STREE | ET ADDRESS) | | 15. | (<u>=</u> | |
| | | · | | 22 | • |
| | | | :*3+ | | |
| ter new mailing address, if applicable: | | | | (2) | |
| ailing address MAY BE A POST OFFICE | <u></u> | <u></u> | <u> </u> | <u> </u> | |
| | | | | | |
| If amending the registered agent and/or | registered office address on o | ur records, enter the r | name of th | e new r | egiste |
| ent and/or the new registered office addre | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | |
| | 100000 1 0010101010000 | | | | |
| Name of New Registered Agent: | JORGE L CRUZ FLORES | <u></u> | | | |
| Name of New Registered Agent: New Registered Office Address: | 8445 MATTITUCK CIR | | | | |
| | 8445 MATTITUCK CIR | r Florida street address , Florida | | | |

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

| Name | Address 1 | Type of Action |
|---------------------|-----------|---------------------|
| JORGE L CRUZ FLORES | | _ □Add |
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| | | JORGE L CRUZ FLORES |

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| fective date, if other than the | data of filing: | /17/2022 | | _ (optional) | |
| in effective date is listed, the date must of the date inserted in this bloom | be specific and canno | n be prior to date of ti he applicable statut | ling or more than 90 ory filing requirem | days after filing.) Pu ents, this date wil | rsuant to 605.02 I not be listed |
| ocument's effective date on the De | partment of State's | records. | | | |
| | | | | | |
| record specifies a delayed effective | e date, but not an ef | fective time, at 12: | 01 a.m. on the earl | ier of: (b) The 9 | 0th day after th |
| is filed. | | | | | |
| JULY 17 | 20. | 22 | | | |
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Filing Fee: \$25.00