Division of Corporations **Electronic Filing Cover Sheet**

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(((H220003902373)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTADORMIAMI.COM INC

Account Number : I20200000130 Phone : (954)345-7888 Fax Number : (786)713-1940

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRUCKS AND TRAILERS LOGISTIC LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

To: CORPORATE AMENDMENT :

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ARTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION OF

SLED TARY OF STATE ... 2022 NOV 21 AM 11: 27

From: TAXLEAF.COM CONTADORAMERICA.COM

TRUCKS AND TRAIL (Name of the Limited Liability Compa (A Florida Limited I			
The Articles of Organization for this Limited Liability Company Florida document number 1.22000371315			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liable	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	833 VISTA MEADOWS DR		
(Principal office address MUST BE A STREET ADDRESS)	2 WESTON, FL 33327		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	833 VISTA MEADOWS DR WESTON, FL 33327		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida, Florida		
	Cin. 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.

If Changing Registered Agent, Signature of New Registered Agent

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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>	Name	Address	Type of Action
AMBR	GOOD GOODS LOGISTIC INC	12484 NW SOUTH RIVER DR, SUITE 323	🗆 Add
		MEDLEY, FL 33178	Remove
			[] Change
AMBR SP	SP INVESTMENTS LLC	833 VISTA MEADOWS DR	= Add
		WESTON, FL 33327	Remove
			Change
AMBR MEL	MEDINA RAMIREZ, JAVIER A	833 VISTA MEADOWS DR	🗀 Add
		WESTON, FL 33327	□Remove
			= Change
			□Remove
	<u></u>		
			□Remove
			□Add
			Remove
			☐ Change

From: TAXLEAF, COM CONTADORAMERICA, COM

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D. If amending any of	ther information, e	nter change(s) here:	: (Attach additione	al sheets if necessa	7. CONFORATE
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E. Effective date, if or	ther than the date (of filing:		(optiona	l) g) Pursuant to 605.0207 (3)(b)
Note: If the date ins	serted in this block do	ecific and cannot be prior es not meet the application of State's records.	able statutory tiling t	than 90 days after filir requirements, this da	ig I Pursuant to 103,0207 (3)(b) te will not be listed as the
If the record specifies a direcord is filed.	lelayed effective date,	but not an effective til	me, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
Dated	R 15TH	. 2022			
		Claudia P	erdomo		
	Signat			a member	
		CLAUDIA PERL	OOMO ed name of signee		