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L22000311315

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC
Account Number : 120140090034
Phone : (365)541-1932
Fax Number : (786)713-1640

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

2022 Dec 28 9:53

2022 DEC 28 PM 5:20

11/16

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TRUCKS AND TRAILERS LOGISTIC 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 08/17/2022 and signed
Florida document number L22000371315

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1275 W 47TH PL STE 312

HIALEAH, FL 33012

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1275 W 47TH PL STE 312

HIALEAH, FL 33012

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:

EAST COAST MULTISERVICE INC.

New Registered Office Address:

1275 W 47TH PL STE 312

Enter Florida street address

HIALEAH

City

Florida 33012

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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Functionality: Authorized Person(s) authorized to manage entry the other owner and address of each location being added or removed from our records:

MGR = M. Lopez

AMBR = Authorized Manager

Title	Name	Address	Type of Action
AMBR	MEDINA RAMIREZ, JAVIER A	1275 W 47TH PL STE 312	☐ Add
		HALEAH, FL 33012	☐ Remove
			☒ Change
AMBR	SP INVESTMENTS LLC	1275 W 47TH PL STE 312	☐ Add
		HALEAH, FL 33012	☐ Remove
			☒ Change
AMBR	MEDINA RAMIREZ, JAVIER A	833 VISTA MEADOWS DR	☐ Add
		WESTON, FL 33327	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) below: *attach additional sheets, if necessary.*

F. Effective date, if other than the date of filing: _____ (optional)
(fill effective date listed, the date over is specific and refers to prior to the filing of revision of document filed pursuant to 605.0267 (5)(b))
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed in the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but is an effective date is 1201 (and on the earlier of (b) the 90th day after the record is filed.

Dated DECEMBER 20TH

7125

Signature of a member or authorized representative of a member

CLAUDIO PERDOMO

Aspect of gender: male/female

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