## L22000374164

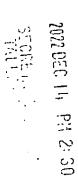
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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	O.K. Ramos Tri	acking LLC:." ted Liability Jompany	•
The enclosed Articles of	Amendment and fee(s) are submondence concerning this matter t	nitted for filing.	VEE II
		City/State and Zip Code  o be used for future annual report notif	
	concerning this matter, please ca mos Gutierre of Person	11: <u>C</u> at ( <u>¥63</u> ) <u>738</u> Area Code Daytime	6250 Telephone Number
Enclosed is a check for  ☐ \$25.00 Filing Fee	the following amount:     \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of 0 P.O. Box 63	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

U.K. Kamos Irucki	ng LLC
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L22000374[64</u> . This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability	by were filed on $08 25 2622$ and assigned
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the abbreviation "ELC."
Enter new principal offices address, if applicable:	3081 Sire Trail 圖麗
(Principal office address MUST BE A STREET ADDRESS)	Lakeland, FL 33811
Enter new mailing address, if applicable:	\frac{\text{\tint{\text{\tin}\text{\tex}\\ \text{\tex{\ti}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\texit{\ti}\\\ \ti}\tittt{\text{\texi}\til\text{\text{\texit{\text{\
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e 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 City 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

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
MGR	Liliana Ramos	Gutierrez 3081 Sire Trail	Add
		Lakeland, Fi 338	□Remove
			□Change
			DAdd
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	ther than the date of sted, the date must be speci serted in this block does	s not meet the applica	able statutory filing	(option than 90 days after requirements, this	onal) filing.) Pursu date will r	ant to 605.020 lot be listed as
<b><u>Note:</u></b> If the date ins	e date on the Departmen	m of bute 5 fectius.				
Note: If the date ins locument's effective record specifies a d				n the earlier of: (b	) The 90th	n day after the
Note: If the date ins locument's effective record specifies a d d is filed.	date on the Departmen			n the earlier of: (b	) The 90th	n day after the
<u>Note:</u> If the date ins locument's effective	e date on the Department			n the earlier of: (b	) The 90th	n day after the

Filing Fee: \$25.00