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Registration Section

TO:

Division of Cor	porations				
		A DE AZA LLC			
SUBJECT:		ited Liability Company			
	Amendment and fee(s) are sub				
Please return all correspo	ndence concerning this matter	to the following:			
		CANDIDO F DE AZA			
		Name of Person			
		ANOLA DE AZA LLC			
		Firm Company			
	130 N BARFIELD HWY				
	Address PAHOKEE FLORIDA 33476				
	ca	City/State and Zip Code ndidofelipe6161@gmail.com			
		to be used for future annual report noti	fication)		
For further information e	oncerning this matter, please ca	all:			
CANDIDO F DE AZA		239 478-1650 at ()			
Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for th	ne following amount:				
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	[] \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANOLA DE AZ			
(<u>Name of the Limited Liability Com</u> (A Florida Limite	ipany as it now appears on our i ed Liability Company)	records,)	
The Articles of Organization for this Limited Liability Comparation document number $\frac{L22000408595}{L22000408595}$.	ny were filed on September 1	9,2022	and assigned
This amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited li	ability company here:		
DE AZA TRUCK LLC			
he new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation	"LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			2024
THE PART OF THE WHITE CO. P. C. P. L. P. L		<u> </u>	H TI
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inter new mailing address, if applicable:		<u>~.~</u>	
Mailing address MAY BE A POST OFFICE BOX)			<u>ス</u> シ
			<u> </u>
 If amending the registered agent and/or registered office gent and/or the new registered office address here: 	ce address on our records, <u>o</u>	enter the name	of the new regi
Name of New Registered Agent:			
New Registered Office Address:	<u> </u>		
	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
			Remove
			□Change
			□Add
			□Remove
			□Remove
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ective date, if other than the effective date is listed, the date in this ument's effective date on the	uist be specific and cannot be block does not meet the a	prior to date of filing opplicable statutory f	ir more than 90 days after	Tiling.) Pursuant to 605.020
cord specifies a delayed effects filed.	tive date, but not an effecti	ve time, at 12:01 a.	m, on the earlier of: (b) The 90th day after the
ed MAY 09	2024	·		
	Signature boys member or			

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