10/20/22, 7:44 PM

Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

53

Account Name : TAX TRAINERS INTERNATIONAL CONSULTANTS LLC

Account Number : 120210000123 Phone : (321)315-9576 Fax Number : (321)234-0285

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

Email	Address:			
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CYGNUS TRUCKING COMPANY LLC

Certificate of Status	1
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Page Count	05
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Electronic Filing Menu

Corporate Filing Menu

Help OCT 24 TOTE K. Brumbley

COVER LETTER

TO:	Registration Sec Division of Corp	ction porations.		۵
cimic		RUCKING COMPANY LLC	- ADD A NEW MEMBER	
SUBJE	LI:	Name of Limi	ted Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please r	return all correspon	ndence concerning this matter t	to the following:	
		MIGUEL J ROMER		
			Name of Person	
		TAX TRAINERS INTERN	NATIONAL CONSULTANTS 1.	LC
			Firm/Company	
	3585 GRANDE RESERVE WAY APT 209			
			Address	
		ORLANDO FL 32837		
			City/State and Zip Code	
		TAXTRAINERS@GMAIL		
		E-mail address: (to be used for future annual report no	otification)
For fur	ther information o	oncerning this matter, please co	all:	
MIGU	EL ROMER		321 315-9576	
	Name o	f Persor.	at () Area Code Dayti	me Telephone Number
Enclos	ed is a check for th	ne following amount:	•	
□ \$2	5,00 Filing Fee	☐ \$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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CYGNUS TRUCKING COMPANY LLC		
(Name of the Limited Limbility Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 10/05/2022	and assigned
Florida document number 1.22000410156		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
	<u></u>	
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
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 n</u>	ame of the new registered
N/A		22 O(
Name of New Registered Agent:	••••	200. 20 71
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>nt:</u>	7

New Registered Agent's Signature, it 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 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>	<u>Address</u>	Type of Action
AMBR	RAMIREZ ARIAS, FREDDY A	11855 TARANTO LN	■Add
		VILLAGE WALK	□Remove
		LAKE NONA, FL 32827	_
			DAdd
			Remove
			□ Add
			∐Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			☐ Change
			□Add
			[]Remove
			☐Change

). If amending any other infor		here: (Attach additi	onal sheets, if necessary.)	
PLEASE ADD FEIN/EN	NUMBER: 92-0373284			
Annual Person States and States a				
				
				<u></u>
				
E. Effective date, if other than	n the date of filing:		(optional)	200 3000 3111
E. Effective date, if other that (If an effective date is listed, the da <u>Note:</u> If the date inserted in a document's effective date on	te must be specific and cannot b his block does not meet the	be prior to date at tiling of applicable statutory fil	more than 90 days after filing.) ing requirements, this date v	Pursuant to 605.0207 (500) vill not be listed as the
If the record specifies a delayed effected is filed.	Tective date, but not an effe	etive time, at 12:01 am	i, on the earlier of: (b) Tho	90th day after the
Dated OCTOBER, 20	2022	!		
_	The old womin	replains	ve of a member	

Filing Fee: \$25.00