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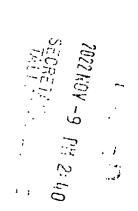
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER ____

TO: Registration S Division of Co			•	
La Bala U. SUBJECT:	SA Trucking LLC.			
SUBJECT:	Name of Lim	ited Liability Company		
	f Amendment and fee(s) are sub	_		
Picase return all corresp	ondence concerning this matter	to the following:		
	Carlos Abreu			
		Name of Person		
	La Bala USA Trucking LL	C.		
		Firm/Company		
	7400 West 18 Ave			
		Address		2022 SEC
	Hialeah, Florida 33014			2022 NOV -9 SECRETALL
	carlosabreu_usa@yahoo.co	City/State and Zip Code		-9 6-
		to be used for future annual report notifi	cation)	
For further information	concerning this matter, please ca	all:		2: 39
Carlos Abreu		305 494-6257		ni w
Name	of Person		Telephone Number	
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing		
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	tion _.	

P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA Bala USA Trucking LLC.		
(Name of the Limited Liability (A Florida	y Company as it now appears on our r Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Co Florida document number $\frac{1.22000447651}{1.0000447651}$		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDR.	ESS)	
		SE SE
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)) -0
<u> </u>		
		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>e</u>	= -1 0
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street e	ultross
	ime i waa sii ee t	MM Con
	City	_, Florida Zip Code
	Crip.	zy cone

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>	Name	Address	Type of Action
MGR	Carlos Abreu	7400 W 18 Street	□Add
		Hialeah, Fl 33014	■Remove
			Change
			□Add
			□Remove
			Change CARL DARd
			Remove Change
			□Add
			Петоче
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cument's effective date on the Department of S	State's records	3.	·				• • • • • • • • • • • • • • • • • • • •
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	t an effective (time, at 12:0					
is filed.		time, at 12:0					
is filed. October 21	t an effective ($\frac{2022}{2}$	time, at 12:0					
record specifies a delayed effective date, but no is filed. ated October 21.	. 2022		entative of a m				

Filing Fee: \$25.00