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08/27/24--01034--014 **25.00



18/27/21

COVER LETTER

TO: Registration 3 Division of Co			
SUBJECT: TRUST T	RUCKS OF FLORIDA LLC		
50001.C1.	Name of Li	mited Liability Company	
The enclosed Articles o	TAmendment and fee(s) are su	bmitted for filing.	
Please return all corresp	oondence concerning this matte	r to the following:	
	YOLANDA/ CARLOS V	TLLARREAL	
		Name of Person	
	PENTHA L	OGISTICS LLC	
		Firm/Company	
	2200	N COMMERCE PRKY	
		Address	
		WESTON FL 33327	
		City/State and Zip Code	
	E-mail address:	to be used for future annual report notif	ication)
For further information	concerning this matter, please o	·	
YOLANDA / CARLOS	VILLARREAL	954 536 8422 at ()	
Name (of Person	Area Code Daytime	Telephone Number
inclosed is a check for t	he 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 Address Registration and Division of Control P.O. Box 632 Tallahassee, and the second	Section Corporations	Street Address: Registration Secondivision of Corporate Centre of Ta 2415 N. Monroe Tallahassee, FL.	orations Illahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRUST TRUCKS OF FLORIDA I		
(A Florida Limited	anv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.22000507760	were filed on 12/02/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
N/A		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		O: 23
	1.771	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		•
runing duaress man ne a rost of rice boxy		·
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	da
	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 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
AMBR	CARLOS E VILLARREAL	1289 MAJESTY TERR	= Add
		WESTON FL. 33327	□Remove
			□Change
			□Add
			□Remove
			Change
			□ Add :
			□Remove
·			☐ Change
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	08/21/2021					
Hective date, if other than the date of filing: _ an effective date is listed, the date must be specific and cam	not be prior to dat	e of filing or more	than 90 days a	otional) fter filing.) I	³ursuan	ı to 605.020
ote: If the date inserted in this block does not meet ocument's effective date on the Department of State	the applicable s	tatutory filing re	quirements,	this date w	ill not	be listed a
·						
record specifies a delayed effective date, but not an e	effective time, a	t 12:01 a.m. on t	he earlier of:	(b) The	90th da	ay after the
is filed.	1					
ated AUGUST 21 26)24					
	/*/ /)				
	IIII					
Signature of a member	/ Myg			·		