## L23000036632

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(Document Number)
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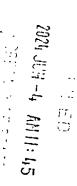
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Ret. 06/04/24



## COVER LETTER

TO:

**Registration Section** 

Division of Cor	porations		
FULGENO	IO A MONDEJA BORJAS L	LC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing	
		•	
riease return an correspo	ondence concerning this matter	to the following:	
	Norma Cadena		
		Name of Person	
	Jimenez Accounting		
		Firm/Company	<del></del>
	8150 SW 8 St Ste 203		
		Address	
	Miami, FL 33144		
	·	City/State and Zip Code	
	admin@jimenezacet.com		
		to be used for future annual report no	offication)
For further information c	oncerning this matter, please c	all:	
Norma Cadena		305 266-4153	
Name o	f Person	at ()	ime Telephone Number
Enclosed is a check for t	ve following amount:		
	•	□ \$55.00 100mm U.m. e.	CAAAA EE E
■ \$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		Street Address:	
Registration Section Division of Corporations		Registration S Division of Co	
P.O. Box 632	•	The Centre of	•
Tallahassee, l	FL 32314	2415 N. Monr	roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FULGENCIO A MONDEJA BORJAS LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{1/19/2023}{}$	and assigned
Florida document number L23000036632		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
AYRAM TRUCKING LLC		20
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRESS)	<del></del>	-{ <del>↓</del> - }-
		## # T
Enter new mailing address, if applicable:	N/A	÷ <u>5</u>
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office a	address on our records,	enter the name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:	<del> </del>	
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
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			□Remove
			□Change
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fective date, if other that	n the date of filings	04/04/2024		(option	1al)	
un effective date is listed, the da te: If the date inserted in the cument's effective date on	te must be specific and ca his block does not mee	innot be prior to da et the applicable	te of filing or more t	than 90 days after f	iling.) Pursuant to 605	.0207 (3)(b ed as the
ecord specifies a delayed ef is filed.	fective date, but not an	effective time, a	nt 12:01 a.m. on t	he earlier of: (b)	The 90th day afte	r the
06/04 ated		2024				
	ligs	<u> </u>				
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Filing Fee: \$25.00