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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies		
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:	AREPA'S 1	TRUCK, LLC		
SUBJECT.		Name of Limi	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		FERNANDO D. JIMENEZ	Z .	
			Name of Person	. <u></u>
			Firm/Company	
		4308 PLAZA GATE LAN		
		JACKSONVILLE, FLORI	Address DA 32217	
		arepastruckjax@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For further is	nformation c	oncerning this matter, please ca	oll:	
FERNANDO			904 4852509 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00 I	Filing Fee	■ \$30.00 Filing Fec & 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)
Re Div P.C	illing Address gistration S vision of C D. Box 632 Ilahassee, I	Section Corporations 17	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AREPA'S TRUCK, LLC		
(Name of the Limited Liabil (A Flord	lity Company as it now appears on our recorda Limited Liability Company)	rds.)
he Articles of Organization for this Limited Liability	Company were filed on 01/25/2023	and assigned
lorida document number L23000046416	·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
AREPAS TRUCK, LLC		
he new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		2023 F
Principal office address MUST BE A STREET ADD	RESS)	
		Y OF R
nter new mailing address, if applicable:		ins o
Mailing address MAY BE A POST OFFICE BOX		F. 54
		, . ,
. If amending the registered agent and/or registered		er the name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ress
		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
			□ Add
			□ Remove
			☐ Change
			□Remove
			☐ Change
			□Add
			Change
			□ Add
			□Remove
			□ Change
			□ Add
		□Remove	
			
		□ Add	
			□Change

. 11 amenu	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
·	
	
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<u></u>	

Effortivo d	late, if other than the date of filing:(optional)
(If an effective Note: If the	late, if other than the date of filing:
he record spe ord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated FEB	2023
-	Signature of a member or authorized representative of a member
_	
-	FERNANDO D. JIMENEZ Typed or printed name of signee