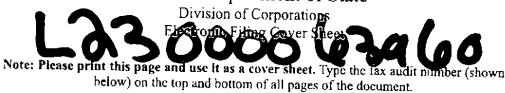
Florida Department of State



(((H23000296387 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.4.

Email	Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LNV TRUCKING LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LNV TRUCKING LLC			
(Name of the Li	mited Liability Cor (A Florida Limi:	npany as It now appears of ted Liability Company)	n our records.)
The Articles of Organization for this Limited	Liability Compa	uny were filed on 02/03	/2023 and assigned
Florida document number L23000063960	<del></del> -		
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited li	ability company here	:
The new name must be distinguishable and contain the	words "Limited Lin	ability Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STR).	ET ADDRESS)		
Enter new mailing address, if applicable:			70010
(Mailing address MAY BE A POST OFFICE	E BOX)	<del></del>	
B. If amending the registered agent and/or agent and/or the new registered office addr	registered offic ess here:	e address on our reco	rds, enter the name of the new registere
Name of New Registered Agent:	YADIAN ALFONSO VALDES  9935 NW 10TH TERRACE		
New Registered Office Address:			
	Enter Florida street address		
	MIAMI		, Florida <sup>33172</sup>
		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

Title	Name	Address	Type of Action
MGR	FONTEBOA, JOSE L	18120 NW 42ND PL	
		MIAMI GARDENS, FL 33055	·· <del>·</del>
MGR	VADIAN ALBONOMINA		□Change
	YADIAN ALFONSO VALDES	9935 NW 10TH TERRACE	≣Add
		MIAMI, FL 33172	□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
<u>_</u>			□Add
			□ Remove
			☐ Change
			□Add
			□ Change

Signature of a member or authorized representative of a member

Typed or printed name of signee

YADIAN ALFONSO VALDES