

L23000087534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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MAR -7 2023

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AA RUIZ TRANSPORT LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAHIYANA CESPEDES TAMAYO

\_\_\_\_\_  
Name of Person

AMBR

\_\_\_\_\_  
Firm/Company

907 NE 10TH TERR

\_\_\_\_\_  
Address

CAPE CORAL, FL 33990

\_\_\_\_\_  
City/State and Zip Code

DAHIYANCESPEDES@GMAIL.COM

\_\_\_\_\_  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

DAHIYANA CESPEDES TAMAYO

561 932-7738

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

AA RUIZ TRANSPORT LLC

2023 MAR -7 AM 8:31

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on FLORIDA and assigned  
Florida document number L23000087534.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)**

907 NE 10TH TERR

CAPE CORAL, FL 33909

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

907 NE 10TH TERR

CAPE CORAL, FL 33909

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

DAHIYANA CESPEDES TAMAYO

New Registered Office Address:

907 NE 10TH TERR

*Enter Florida street address*

CAPE CORAL

*City*

Florida 33909

*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>   | <u>Address</u>       | <u>Type of Action</u>                      |
|--------------|---|----------------------|--|
| AMBR         | DAHIYANA CESPEDES TAMAY  | 907 NE 10TH TERR     | <input type="checkbox"/> Add               |
|              |   | CAPE CORAL, FL 33909 | <input type="checkbox"/> Remove            |
|              |   |                      | <input checked="" type="checkbox"/> Change |
|              |   |                      | <input type="checkbox"/> Add               |
|              |   |                      | <input type="checkbox"/> Remove            |
|              |   |                      | <input type="checkbox"/> Change            |
|              |   |                      | <input type="checkbox"/> Add               |
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|              |   |                      | <input type="checkbox"/> Change            |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

X   
Signature of a member or authorized representative of a member

DAHIYANA ESPEDES TAMAYO  
Typed or printed name of signee