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PICK-UP WAIT MAIL
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Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

Arsenal Tru	acking LLC			
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub			
Please return all correspo	ndence concerning this matter	to the following:		
	Victor Moscoso			
		Name of Person		
	Arsenal Trucking LLC			
		Firm/Company		
	6917 Vista Parkway N Sui	te 10		
		Address		
	West Palm Beach Florida	33414		
	abby.l@arsenaltrucking.net	City/State and Zip Code		
	· · ·	to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all;		
Victor Moscoso		561 401- 561 401-	77	
Name o	f Person		ne Telephone Number	
Enclosed is a check for the	ne 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 Addres Registration S Division of C	Section	<u>Street Address:</u> Registration Se Division of Co		
P.O. Box 632	-	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Arsenal Trucking LLC		2024 23 9: 00	
(Name of the Lim	ted Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited I Florida document number L-23000120855	Liability Company were filed on Nov	6. 2023 03/08/2023 and assigned	
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addresses	8	cords, enter the name of the new registered	
Name of New Registered Agent:	Victor Moscoso		
New Registered Office Address:	6917 Vista Parkway N Suite 10		
	Enter Florid	la street address	
	West Palm Beach	, Florida 33414	
	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
AMBR	Anier Cartaya		□Add
		6917 Vista Parkway N Suite 10 WPB FL 33414	\bullet Remove
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E. Effec	tive date, if other th	an the date of fil	ling:		(optional)	
(If an c <u>Note:</u>	ffective date is listed, the o	fate must be specific this block does no	and cannot be prior of meet the application	able statutory filing i) Pursuant to 605.0207 (3)(I will not be listed as the
f the reco	ord specifies a delayed i filed.	effective date, but	not an effective ti	me, at 12:01 a.m. on	the earlier of: (b) Th	e 90th day after the
Dated	d July 16		2024	·		
		//b/1/1		_		
		12/0/	/	\		

Typed or printed name of signee