Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000117355 3)))



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			37
To:			·
	Division of Cor	porations	
		: (850)617-6383	
			<i>ب</i> ،
From:			رب
	Account Name	: IDEAS CARVAJAL LLC	-
	Account Number	: 120220000006	-
	Phone	: (321)333-5565	15
	Fax Number	: (407)520-5473	5

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

Fmail	Address:		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LLC TRUCKING INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

## **COVER LETTER**

TO:

	gistration Sec vision of Corp				
a.u. 10.cva		REE COMPANY LLC			
SUBJECT	·	Name of Limi	ted Liability Company		
The enclose	ed Articles of .	Amendment and fee(s) are sub-	mitted for filing.		
		ndence concerning this matter			
		ALEJANDRO J MIJARES	VALERO		
			Name of Person	~	
		A & M THREE COMPAN	Y LLC	2023111 23 (112:33	
			Firm/Company	2	
		1438 DORADO DRIVE A			
			Address	15	5
		KISSIMMEE FL 34741		Ç.	>
			City/State and Zip Code		
		ALEJJMV81@GMAIL.CO			
For further	information c	e-mail address: (	to be used for future annual (	report notification)	
	DRO I MIJAR	ES VALERO	407 866	5-5539	
	Name o	f Person	at () Area Code	Daytime Telephone Number	
Enclosed is	s a check for the	ne following amount:			
<b>S</b> \$25.00	) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Status &	
R	lailing Addres egistration S ivision of C		~	ddress: ation Section n of Corporations	
þ	.O. Box 632	27	The Cer	ntre of Tallahassee	
Т	'allahassee, i	FL 32314	2415 N.	. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A & M THREE COMPANY LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records.) a Limited Enability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 03/16/2023	and assigned
Florida document number 1.23000135897	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
		2
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDI	RESS)	23
		12
Enter new mailing address, if applicable:		39
Mailing address MAY BE A POST OFFICE BOX)		
<ol> <li>If amending the registered agent and/or registere gent and/or the new registered office address here:</li> </ol>	d office address on our records, <u>enter the</u>	name of the new regis
Name of New Registered Agent		
New Registered Office Address:		
250 isegnatery ville Address.	Enter Florida street address	
	Picula.	la.
<del></del>	City , Florid	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, ant address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	MARLEINS DEL VALLE OCHOA CHUELLO	1438 DORADO DRIVE APT B	<b>≣</b> Add
		KISSIMME, FL 34741	□Remove
			€ Change
<del></del>			<del>(5</del> )
			□ Remove
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			☐ Change
	·		□Add
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			□Remove
			DC1

amending any other information, enter change(s) here: (Attach addition	nal sheets, if necessary.)
•	
	200
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	<u>Ω΄΄</u> မ
	<u> </u>
ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or mo  tote: If the date inserted in this block does not meet the applicable statutory filing ocument's effective date on the Department of State's records.	(optional) re than 90 cays after filing.) Pursuant to 605.020 requirements, this date will not be listed a
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. or is filed.	n the earlier of: (b) The 90th day after the
ated MARCH 28 2023	
ignature of a momber or authorized representative of	f a member

Filing Fee: \$25.00