123000236450

(Requestor's Name)
(Address)
(Address)
(iddissay
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Coolination)
Continui Conina
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u></u>

Office Use Only



800411094408

06/23/23~-01009--002 **25.00

SECRETARY OF STATE

MV

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corporations ·				
MARVAL	TRUCKING LLC			
SUBJECT:	Name of Lim	ited Liability Company	· 	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ndence concerning this matter			
Trease verani an con espe		•		
	Anabell Revilla			
		Name of Person		
	William H. Albornoz, P.A			
		Firm/Company		
	901 Ponce De Leon Blvd.	Suite 204		
	-	Address		
	Coral Gabbles, Florida 33	134		
		City/State and Zip Code	-	
	legalassistant@albolaw.com	n to be used for future annual report no	tification)	
For further information c	oncerning this matter, please c			
Anabell Revilla	олостину пли пли при при при при при при при при при пр	305 444-1741		
	<u> </u>	at ()		
Name o	f Person	Area Code Daytir	ne Telephone Number	
Enclosed is a check for the	he 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)	
<u>Mailing Addres</u> Registration		Street Address: Registration Se	ection	
Division of C		Division of Corporations		
P.O. Box 632			The Centre of Tallahassee	
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L.) (A F	iability Company as it now appears on our r	ecords.)
The Articles of Organization for this Limited Liabil Florida document number L23000236450		
This amendment is submitted to amend the following	ng:	•
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company." the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	TALLA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or registagent and/or the new registered office address have a series and the new registered office	stered office address on our records, g	HASSEE TATE enter the name of the new registere
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Regi	istered Agent:	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this cha	and complete performance of my duti red agent as provided for in Chapter istered office address, I hereby confi	es, and I am familiar with and 605, F.S. Or, if this document is
	If Changing Registered Agent, Signs	iture 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>	Type of Action
Pres	Francisco Lobos Basauri	10875 NW 33 Street	
		Doral, FL 33172	□Remove
			Change
VP	Gonzalo Balart	10875 NW 33 Street	= Add
		Doral, Fl. 33172	□Remove
			□Change
Treas	Ana C. Moreno	10875 NW 33 Street	⊜Add
		Doral, FL 33172	□Remove
			Change
VP	Ana C. Moreno	10875 NW 33 Street	= Add
		Doral, FL 33172	Remove
Sec Roda	Rodrigo Luna	10875 NW 33 Street	🗎 Add
		Doral, FL 33172	□Remove
			□Change
			□Remove
			Change

lf an c <u>Note:</u>	tive date, if other than the date of filing:
rd is f	
Dated	Signature of a member or authorized representative of a member
	Chillo Cura.
	Signature of a member or authorized representative of a member
	confinition,

Filing Fee: \$25.00