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(Document Number)
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01/24/24--01009--004 **25.00



COVER LETTER

TO: Registration S Division of Co			
Ruco Tran	sport Llc		
SOBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	binitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Milton Ruco		
		Name of Person	
	Ruco Transport Llc		
		Firm/Company	
	2125 Prado Drive		
		Address	
	Davenport, FL 33896		
		City/State and Zip Code	
	rucotransportllc@gmail.co	m	
		(to be used for future annual report notif	lication)
For further information of	concerning this matter, please of	eall:	
Milton Ruco		509 491-7379 at ()	
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	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)
Mailing Addres Registration		Street Address: Registration Sec	etion
Division of Corporations		Division of Con	
P.O. Box 632		The Centre of T	
Tallahassee, I	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

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

Ruco Transport Lle			
(Name of the Limited Liability C (A Florida Lin	ompany as it now app nited Liability Company	gars on our records.)	
The Articles of Organization for this Limited Liability Com- Florida document number <u>L23000515551</u> .	pany were filed on	11/14/2023 and assig	ned
-lorida document number			
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	t inklifer Community " sk	adainmaisa ul I C'' a da akkaninin ul 1 (<u></u>
·	. , ,	DRIVE #102	4
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES	1NA VIENDIAN		
The transfer of the transfer o			
Enter new mailing address, if applicable:	2125 PRADO	DDRIVE #102	
Mailing address MAY BE A POST OFFICE BOX)	DAVENPOR	T, FL 33896	
B. If amending the registered agent and/or registered of	fice address on our	records, enter the name of the new r	register
ngent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address: 2125 PRA	ADO DRIVE #102		
		lorida street address	; -
DAVENI	·	Florida 33896	
New Registered Agent's Signature, if changing Registered A	City	Zip Code	

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>	Type of Action
			□Add
			□Remove
			□Change
		-	□Add
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Note:	e date, if other than the date of filing:	207
e recor rd is fil	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	ne
Dated .	unuary 19 2024	
	Signature of a member or atifhorized representative of a member	

Filing Fee: \$25.00