

L23000559762

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CDS TAX SOLUTIONS INC
Account Number : 120210000044
Phone : (786)470-6123
Fax Number : (786)373-1861

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TERRACIELO INVESTMENTS LLC**

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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

(((H24000232186 3)))

(b)(1)(i)

TERRACIELO INVESTMENTS LLC

(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 12/20/2023 and assigned
Florida document number L23000559762.

This amendment is submitted to amend the following:

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

DANTRUCKCA LLC

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)

9141 ORCHID TREE LN

UNIT 132

PEMBROKE PINES, FL 33024

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9141 ORCHID TREE LN

UNIT 132

PEMBROKE PINES, FL 33024

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:

DANIEL LUQUE

New Registered Office Address:

9141 ORCHID TREE LN, U132

Enter Florida street address

PEMBROKE PINES

Florida 33024

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.

Daniel Luque

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

((H24000232186 3)))

MGR = Manager

AMBR = Authorized Member

(Ctrl) *

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MDS 1231 INVESTMENTS LLC	1700 NW 97 AVE, 227594	<input type="checkbox"/> Add
		DORAL, FL 33172	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DANIEL LUQUE	9141 ORCHID TREE LN, UNIT 132	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL 33024	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2. (C16) -

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated JULY 8, 2024

Daniel Lague

Signature of a member or authorized representative of a member

DANIEL LUQUE

Typed or printed name of signee

Filing Fee: \$25.00