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(Red	questor's Name)	
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J. TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration So Division of Cor			*
	TRUCKING LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LUIS ANTONIO SANCH	IEZ RODRIGUEZ	
		Name of Person	
	TARECO TRUCKING LI	LC	
	· ············	Firm/Company	
	7037 SONORA DR N		
		Address	
	JACKSONVILLE FL 322	44	
	.	City/State and Zip Code	
	tarecotruckinglle@gmail.ed	om to be used for future annual report noti	(Cartina)
For further information of	concerning this matter, please e		meanon)
LUIS A SANCHEZ		719 6393924	
Name o	of Person		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)
Mailing Addres Registration	Section	Street Address: Registration Se	
Division of C		Division of Cor The Centre of T	•
P.O. Box 632 Tallahassee,			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	mpany as it now appears on our rec ited Liability Company)	ords.)	
(A Florida Limi	ited Liability Company)		
The Articles of Organization for this Limited Liability Comp	any were filed on 04/05/2024		_ and assigned
Florida document number 1.24000162604			
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 L	iability Company," the designation "I	.LC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		TAI	24 J
(Principal office address MUST BE A STREET ADDRESS	5)	につい	2 -
		 	7
	.	SE	골 :
Enter new mailing address, if applicable:		in co	ت ک
•••			00
(Mailing address MAY BE A POST OFFICE BOX)			-
3. If amending the registered agent and/or registered offi	ice address on our records, en	ter the name (of the new regi
igent and/or the new registered office address here:	· -		
Name of New Registered Agent:		_ 	
New Registered Office Address:			
New Registered Office Address.	Enter Florida street ade	Iress	
		Florida	
	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	LUIS A SANCHEZ RODRIGUEZ	7037 SONORA DR N JACKSONVILLE FL 32244	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		🗆 Add	
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ectiv	e date, if other than the date of filing: (optional)
<u>te:</u> l	tive 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 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ume	nt's effective date on the Department of State's records.
ecc	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
	90th day after the record is filed.
	26/07 2024
ied _	06/07
	hos -
	Signature of a member or authorized representative of a member