## L24000209281

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## **COVER LETTER**

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SHDIECT.	RZAMBRA	NO TRANSPORTATION LL	С	
SUBJECT:		Name of Limi	ited Liability Company	<del> </del>
The enclosed	d Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		ROBERT RUDER ZAMB	RANO CEDENO	
			Name of Person	<del> </del>
		RZAMBRANO TRANSPO	DRTATION LLC	
			Firm/Company	
		357 WILLET ST		
			Address	
		HAINES CITY, FL 33844		
			City/State and Zip Code	
		ruder020963@live.com E-mail address: (0	to be used for future annual report notific	cation)
For further i	nformation co	oncerning this matter, please ea	ıll:	
ROBERT R	UDER ZAM	BRANO CEDENO	321 945-7038 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	siling Addres		Street Address:	3
Registration Section Division of Corporations P.O. Box 6327			Registration Sect Division of Corp	
		7	The Centre of Ta	llahassee 32
Ta	llahassee, F	FL 32314	2415 N. Monroe Tallahassee, FL 3	- <sub>7</sub>

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RZAMBRANO TRANSPORTATION 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  $\frac{05/06/2024}{}$ and assigned Florida document number L24000209281 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 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address \_, Florida \_\_\_ City

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	LIDIA PATINO	357 WILLET ST	<b>≣</b> Add
		HAINES CITY, FL 33844	□Remove
			□Change
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Filing Fee: \$25.00