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Registration Section Division of Corporations

TO:

RESTRE	PO'S TRUCKING SERVICES I	LLC	
30 2 000	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Monica Restrepo		
		Name of Person	
	RESTREPO'S TRUCKIN	G SERVICES LLC	
		Firm/Company	-
	2516 CLARESIDE DR		
		Address	
	VALRICO, FL 33596		
		City/State and Zip Code	
	monicarestrepov1@gmail.c	om	
	E-mail address: (to be used for future annual report not	fication)
For further information	concerning this matter, please c	all:	
Monica Restrepo		813 562-1516 at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the 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 Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RESTREPOS TRUCKING SERVICES LLC		
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our re ed Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L24000226161</u>	any were filed on 05/15/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability 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 here:	ce address on our records, <u>e</u>	nter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		. 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>	Address	Type of Action
AMBR	JULIO C. RESTREPO	2516 CLARESIDE DR, VALRICO, FL 33596	≣ Add
			□Remove
			□Change
			□ Add
			□Remove
	-	□Change	
			□Add
			□Remove
		□Change	
			🗀 Add
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			🗆 Add
		□Remove	
		□Change	
		□Add	
			□Remove
			□Change

. II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
,	
(If an ef Note:	ive date, if other than the date of filing: 06/05/2024 (optional)
he reco ord is f	d 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 led.
Dated	JUNE 5 2024
	Signature of a member or authorized representative of a member
	MONICA RESTREPO Typed or printed name of signee