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(Rec	questor's Name)
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PICK-UP	MAIL MAIL
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Certified Copies	Certificates of Status
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COVER LETTER

Division of Cor			
	ER TRUCKING 11	*	a. ••
SUBJECT: LY	R TRUCKING LLC	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	<u> </u>	Fundora Romero Name of Person	
	IFR	TRUCKING LLG Firm/Company	
	9 11 Tru	man Aue Address	
	Lehigh Ac	cres, FL 33972	
	ismailfund E-mail address: (1	City/State and Zip Code Ora 92 0 gmail com to be used for future annual report notifi	fication)
For further information c	oncerning this matter, please ca		
Ismeil Fu Name o	ndoja Romero FPerson	at (<u>239</u>) <u>240 -</u> Area Code Daytim	3810 e Telephone Number
Enclosed is a check for the	ne 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 Address Registration 9		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	!7	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TFR TRUCKIN	G LLC	
(Name of the Limited Liability (A Florida	y Company as it now appears on our re Limited Liability Company)	corus.)
The Articles of Organization for this Limited Liability Co		2024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
		7024
The new name must be distinguishable and contain the words "Limit	ted 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 ADDR	ESS)	y see 5
		ت. نــــــــــــــــــــــــــــــــــــ
		: 42
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, <u>e</u>	nter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street a	11
		, Florida
	Ciņ	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 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	Ismail Fundora Romero	911 Truman Ave, Lehigh Acres	DIAdd
		FL 33972	□Remove
			□Change
MGR	Ismail Fundora Romero	911 Truman Ave	(V/Add
		Lehigh Acres, FL 33972	□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
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lan effici Note: T	te date, if other than the date of filing:
l is file	
ated _	September 13th 2024
	Signature of a member or authorized representative of a member
	Ismail Fundora Romero Typed or printed name of signee
	Ismaul Fundora Romaro

Filing Fee: \$25.00