L24000400809

(Re	equestor's Name)
(Ad	ldress)
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(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
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(Dc	ocument Number)
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COVER LETTER

	Registration Sec Division of Corp			
enbacz		RUCKING LLC		
SUBJEC	-1:	Name of Limi	ted Liability Company	
The encl	losed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please re	cturn all correspor	ndence concerning this matter t	to the following:	
		YONNIEL HERNANDEZ	RAMOS	
		* **	Name of Person	
		MGR		
			Firm/Company	
		9511 WINDERMERE PAR	RK CIR, APT #202	
			Address	
		RIVERVIEW, FL 33578		
			City/State and Zip Code	
		YONIELHERNANDEZ201	•	
		E-mail address: {t	o be used for future annual report notifica	tion)
For furth	ner information co	oncerning this matter, please ca	ill:	
YONNI	EL HERNANDE	Z RAMOS	786 758-0042 at ()	
	Name of	Person	Area Code Daytime To	elephone Number
Enclosed	d is a check for th	e 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NELIDA TRUCKING LLC				
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears : Jability Company)	on our records.)	
The Articles of Organization for this Limited Lia		were filed on FLO	ORIDA and assigned	
lorida document number 1.24000400809	·			
his amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company her	<u>e</u> :	
he new name must be distinguishable and contain the wo	ords "Limited Liabil	lity Company," the des	signation "LLC" or the abbreviation "L.L.C."	
		9511 WINDERM		
Inter new principal offices address, if applica		APT #202		
(Principal office address MUST BE A STREET ADDRESS)		RIVERVIEW, FL 33578		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		9511 WINDERM	MERE PARK CIR	
		APT #202		
		RIVERVIEW, FI	L 33578	
3. If amending the registered agent and/or the new registered of	fice <u>address her</u>	ffice address on e: :RNANDEZ RAMO		
Name of New Registered Agent:	OZII MANDE	NAUDE BARK CIR	A D.T. #102	
New Registered Office Address:	ASTI MINDER	RMERE PARK CIR. Enter Floria	da street address	
	RIVERVIEW	Zance i lova	. Florida 33578	
		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
MGR	YONNIEL HERNANDEZ RAMO\$	9511 WINDERMERE PARK CIR	Add
		APT #202	□ Remove
		RIVERVIEW, FL 33578	■ Change
			☐ Remove
			Change
			Remove
			Change
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ective date, if other than t	he date of filing:			(optional)	
effective date is listed, the date refer the date in this	nust be specific and c	annot be prior to dat	e of filing or more th	an 90 days after filing.) Pursuant to 605.02 will not be listed
ument's effective date on the			statutory ming req	anements, this dute	min not be nated
record specifies a delay he 90th day after the r		ite, but not an	effective time,	, at 12:01 a.m.	on the earlier
ed	 	11:30 am			
Ä					

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Typed or printed name of signee

Filing Fee: \$25.00