

L16 000 195368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Secure Trans Trucking
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vaughn Peter
Name of Person
Secure Trans Trucking
Firm/Company
3441 SW COQUINA COVE WAY
Address
Palm City, Florida 34990
City/State and Zip Code
Securetranstruckings1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric Beauvais at (321) 350-5180
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Secure Trans Trucking 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 10/24/2016 and assigned
Florida document number L16000195368

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)

31611 SW COQUINA COVE WAY
Palm City, Florida 34990

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

31611 SW COQUINA COVE WAY
Palm City, Florida 34990

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

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>	<u>Type of Action</u>
CEO	Vaughn Peters	404 SE WATON LAKES	<input type="checkbox"/> Add
		Dr, Port St Lucie, Florida	<input type="checkbox"/> Remove
		34952	<input checked="" type="checkbox"/> Change
CEO	Eric Beaulvais	2888 Lake Ida Rd, Delray	<input type="checkbox"/> Add
		Beach, Florida 33445	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Vaughn Peter	3401 SW COQUINA COVE	<input checked="" type="checkbox"/> Add
		Way, Palm City, Florida	<input type="checkbox"/> Remove
		34990	<input type="checkbox"/> Change
MGR	Eric Beaulvais	23 BENSSELAER DR, Spring	<input checked="" type="checkbox"/> Add
		Valley, New York 10977	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective 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 (3)(b)

If the record 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 record is filed.

Dated October 9th. 2020

[Signature]

Signature of a member or authorized representative of a member

Eric Prunovais

Typed or printed name of signee