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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRUCKING PERMITS AND MORE LLC

Account Number : I20140000047 Phone : (813)774-4726 Fax Number : (813)877-2186

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAPRICHOS TRUCKING LLC

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COVER LETTER

TO: Registration Division of C	Section orporations		
CAPRIC SUBJECT:	HOS TRUCKING LLC		•
3000261:	Name of Lit	mited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	braitted for filing.	
Please return all corres	pondence concerning this matte	to the following:	
	GENSI MABELL DIAZ	CASTRO Name of Derson	
		ture of person	
		Firm/Company	
	4319 BEAU RIVAGE CI		
	LUTZ, FL 33558	Address	
	mabell_0298@yahoo.com	City/State and Zip Code	
For further information	eonceining this matter, please e	to be used for future annual report noti uill:	lication)
GENSI MABELL DIA	Z CASTRO	786	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	IT \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	D \$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, Sui Tallahassee, FL 32303		porations allahassee : Street, Suite 810	

To: +18506176383

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization Florida document number	for this Limited Liability Company 22000070053	y were filed on 02/10/2022	and assigned	
This amendment is submitte	d to amend the following:			
A. If amending name, ente	r the new name of the limited lial	pility company here:		
The new name must be distinguish	hable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbi	eviation "L.L.C."	
Enter new principal offices	address, if applicable:		· · · 2 0	
(Principal office address M	UST BE A STREET ADDRESS)) [22]	
			FILM FILM MAR 22	
Enter new mailing address			<u> </u>	
(Mailing address MAY BE.	A POST OFFICE BOX)			
				
B. If amending the register agent and/or the new regist Name of New Regi	ered office address here:	address on our records, <u>enter the name</u> o	of the new registered	
New Registered Of	lice Address:	Enter Florida street address		
		, Florida	, Florida	
New Registered Agent's Sign:	ture, if changing Registered Agent:		Zip Code	
I hereby accept the appoint provisions of all statutes re- accept the obligations of my	ment as registered agent and agr lative to the proper and complete position as registered agent as p a change in the registered office	ee to act in this capacity. I further agree performance of my duties, and I am fan provided for in Chapter 605, F.S. Or, if address, I hereby confirm that the limit	ulliar with and this document is	
	If Chan	ging Registered Agent, Signature of New Regist-	rred Agent	

_____ ClChange

18132001059

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: _ _ (optional) (If an effective date is listed, the date must be specific and extend be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 _ 03 MARCH Signature of a number or authorized representative of a member

Typed or printed name of signee