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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 ALMANZAS TRUCKING SERVICE LLC

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LPR 1 4 2023

TO:

Registration Section

## **COVER LETTER**

Division of Co	rporations		•
	AS TRUCKING SERVICE LI	.c	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	ALMANZA RODRIGUE	Z. SAIKEL	
		Name of Person	
	ALMANZAS TRUCKING		
		Firm/Company	
	6919 N THATCHER AVI	<u> </u>	
		Address	
	TAMPA, FL 33614		
		City/State and Z:p Code	
	saikelahnanza@yahoo.com		
	E-mail address: (	to be used for future annual report not	fication)
For further information of	concerning this matter, please of	all;	
ALMANZA RODRIGU	EZ, SAIKEL	813 5620157	
Name o	f Person	at (	re Teluphone Number
Enclosed is a check for t	ne following amount:		
Xi \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Cl \$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: Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations `allahassee e Street, Suite 810

If Changing Registered Agent, Signature of New Registered Agent

18132001059

## ARTICLES OF AMENDMENT TO, ARTICLES OF ORGANIZATION OF

ALMANZAS TRUCKING SERVICE LI			
(Name of the Limited Liz (A Flo	bility Company as it now appears or rida Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liabilit Florida document number 1222000370431		/2022	and assigned
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the l	imited liability company here:	;	
The new name must be distinguishable and contain the words."	Limited Liability Company," the desig	mation "LLC" or the abb	reviation "L.IC."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered and/or the new registered office address her	red office address on our reco	rds, enter the name	of the new registere
Name of New Registered Agent:			<del></del>
New Registered Office Address:		T	ω
	Enter Florida		<u> </u>
<del></del> -	Cin	, Florida	. <u>(1)</u>
Now Designated Apontic Standards if showing During	•		Zifi Code O
New Registered Agent's Signature, if changing Regists I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	nt and agree to act in this cap I complete performance of my I agent as provided for in Cha ared office address, I hereby c	duties, and I am fac pter 605, F.S. Or, if	niliar with and this document is

To:

## 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>	Name	Address	Type of Action
AMBR	PEREZ ROSS, REINIER	6919 N THATCHER AVE	
		TAMPA, FL 33614	
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			DRemove
			□ Change
			🗆 Add
			CIRemove
			□ □ Change
			□Add
			Change
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			GRemove
			[]Change
***			
			□Remove
			□ Change

To:

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Effective da	te, if other than the date of are is listed, the date must be specif	filing:		(optional)	
Note: If the	date inserted in this block does	not incer the applica	o date of filing or more th She statutory filing req	an 90 days after filing.) Pur uirements, this date will	not be listed as
document's e	ffective date on the Departmen	t of State's records.	,		
e record speci rd is filed.	fics a delayed effective date, bu	t not an effective tir	ne, at 12:01 a.m. on th	e earlier of: (b) The 90	th day after the
Dated	April 13	2023			
	A.				
	- thun	7	rized representative of a		
	Signature	or a member or autho	nzed representative of a i	menjaer	
S	AIKEL ALMANZA RODRIG	UEX			
		7T	d name of signee		