

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L24000116514

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((H240001011733))



H240001011733ABCT

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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: \_\_\_\_\_

RECEIVED

2024 MAR 18 AM 8:55

DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**SB MEX PRODUCTS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

**M. SOLOMON**  
**MAR 18 2024**

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SB MEX PRODUCTS LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

SONIA NAVARRÓ

\_\_\_\_\_  
Name of Person

SB MEX PRODUCTS LLC

\_\_\_\_\_  
Firm Company

2002 W State Rd 60

\_\_\_\_\_  
Address

Plant City, FL 33567

\_\_\_\_\_  
City, State and Zip Code

navarro-sonia@hotmail.com

\_\_\_\_\_  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

SONIA NAVARRÓ

804 202-6686

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_)

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &  
Certificate of Status

\$25.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

\$50.00 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

SB MEX PRODUCTS 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 04/08/2014 and assigned Florida document number L24000116514

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:

SONIA NAVARRO

(Principal office address MUST BE A STREET ADDRESS)

2002 W STATE RD 60

PLANT CITY, FL 33567

Enter new mailing address, if applicable:

SONIA NAVARRO

(Mailing address MAY BE A POST OFFICE BOX)

2002 W STATE RD 60

PLANT CITY, FL 33567

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:

NAVARRO, SONIA

New Registered Office Address

2002 W STATE RD 60

*Enter Florida street address*

PLANT CITY

Florida

33567

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>
AMBR	SONIA NAVARRO	2002 W STATE RD 60	<input checked="" type="checkbox"/> Add
		PLANT CITY, FL 33567	<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
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