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08 MAR 13 PM 12: 25

CORPORATIONS

T. HAMPTON MAR 1 4 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: P+T OF QUINCY TRUCKING LLC (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:
WILFRED PRIETO (Name of Person)
PAT DF QUINCY TRUCKING LLC (Firm/Company)
(Address)  (Address)  (Address)  (City/State and Zip Code)
For further information concerning this matter, please call:
WILFRED TRIETO at (850) 509-3/0/ (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Status \$55.00 Filing Fee & Sertificate of Status Certified Copy (additional copy is enclosed) \$ 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, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE DIVISION OF CORPORATIONS

08 MAR 13 PM 12: 29

PAT OF QUINCY TRUCHING LIC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

		NA		
The new name must be di	istinguishable and end with the words "Lir	nited Liability Company," th	e designation "LLC"	or the abbreviation
"L.L.C."				

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:	NA	
New Registered Office Address:	(Enter Flo	orida street address)
		, Florida
_	(City)	(Zin 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM =	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> MG-RM</u>	NOE S. TEJADA	307 PRIMOSE LANE QUINCY, FL 32351	Add Remove
			Add Remove
D. If ame	ending any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	a
_	N/A		FILED SECRETARY OF CORPORTSION OF CORPORTS
_			Y OF STATE CORPORATION
Dated/	YANCH 12 , 2	2008.	_ 3 %
	Signature of a men  Will FRED PRIED  Ty	nber or authorized representative of a member  C  ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00