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COVER LETTER ,

TO: Registration S Division of Co				
SUBJECT:				
		ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
	•			
	ALFREDO FUENTES			
		Name of Person		
	ALFRED	FUENTES TRUCKING, LLC		
Firm/Company				
	2	1019 HELY CATE PL.		
		Address		
	K	KISSIMMEE, FL 34744 City/State and Zip Code		
	mmor	·	2010 Sec all	
	E-mail address: (mmocasiotaxsvcs@yahoo.com E-mail address: (to be used for future annual report notification)		
For further information	concerning this matter, please	call:	AREANY DEC 14	
ALFR	REDO FUENTES	at (321) 226-6966		
Name	of Person	Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	e of Status &	

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

ALFRED FUENT	<u>ES TRUCKING,</u>	LLC.			
(<u>Name of the Limited Liability Com</u> (A Florida Limite	ipany as it now appears ed Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability Compa	any were filed on	04/25/2006	and a	ssigne	d
Florida document numberL06000043046					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited l	iability company here	:			
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Compan	y," the designation "	LLC" or th	e abbre	viation
,=					
Enter new principal offices address, if applicable:			Pω	2	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		<u> </u>	2811)	
			200 200 200 200		
			85		THE P
Enter new mailing address, if applicable:				Str.	.,!
(Mailing address MAY BE A POST OFFICE BOX)			rı -		. 1 4
			26.25	_ ©	
			ki-	93"\	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		ır records, <u>enter</u>	the name	of the	e new
and of the new registered office address	icie .				
Name of New Registered Agent:					
N. B. '. IOC All					
New Registered Office Address:	Ente	Enter Florida street address			
		, Florida			
	City	, 1 101 IGB	Zin Co	de	

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>P</u>	ALFREDO FUENTES,SR	4019 HELY CATE PL. KISSIMMEE, FL 34744	Add Remove			
<u>VP</u>	IRIS FUENTES	4019 HELY CATE PL. KISSIMMEE, FL 34744	Add Remove			
	<u> </u>		Add Remove			
			Add Remove			
	·		AddRemove			
			ALL Remove			
D. If an	nending any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.				
•		20-4752475 Which				
		hanks				
		Sincerely				
Dated _	DECEMBER 8TH.	2010				
	_ Clepiels In	unto				
	, -	per or authorized representative of a member				
	ALFREDO FUENTES, SR. Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00