## WW000075422

•
(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500078766545

08/17/06--01006--015 \*\*25.00

SECRETARY OF STATE
STATE OF STATE
SECRETARY OF STAT



## **COVER LETTER**

• TO: Registration Section  Division of Corporations
SUBJECT: Mystic rueting 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:
Charles Ming
(Name of Person)
Mystic Trucking LLC (Firm/Company)
22734 Robins nest ct
hand o' Lakes FL 34639
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (813) 929 - 0119 FOR
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{\$\subset}\$\$} \text{\$\text{\$\subset \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{\$\subset \$\subset\$}\$} \text{\$\text{\$\subset \$\subset\$}\$} \text{\$\subset \$\subset\$}\$} \text{\$\text{\$\subset \$\subset\$}\$} \$\text{\$\subset \$\s

**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

(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on July 31, 2006 and assigned document number <u>L 0600075422</u>	
SECOND:	This amendment is submitted to amend the following:  Cleon Coli and Bernard Marthand is  to be add to this LLC.	
	Bernard marthand is acting manager	
	Cleon Coli is a Assti Manager	
	2006 AUG	SEC SIVIE
Dated	8/16/2006,	RETARY OF THE OF CORP
	Signature of a member of authorized representative of a member	STATE
	Typed or printed name of signee	

Filing Fee: \$25.00