

LD0000085798

(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:

L. SELLERS

AUG 20 2008

EXAMINER

Office Use Only



800130891098

07/15/08--01003--014 **427.50

FILED
08 AUG 19 AM 8:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER . . .

**TO: Registration Section
Division of Corporations**

SUBJECT: OTR TRUCKING AND CLEANING SERVICES, 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:

OTNIEL RICARDO
(Name of Person)

OTR TRUCKING AND CLEANING SERVICES, LLC
(Firm/Company)

7118 41st LANE EAST
(Address)

SARASOTA, FL 34243
(City/State and Zip Code)

For further information concerning this matter, please call:

Heidi Ricardo at 941, 704-5589
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

WDS-85798

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OTR TRUCKING, 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 August 31, 2006 and assigned Florida document number L06000085798.

This amendment is submitted to amend the following:

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

OTR TRUCKING AND CLEANING SERVICES LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

7118 41ST LANE EAST
SARASOTA, FL 34243

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

7118 41ST LANE EAST
SARASOTA, FL 34243

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:

New Registered Office Address:

(Enter Florida street address)

Florida

(City)

FILED
08 AUG 19 AM 11:49
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated AUGUST 11, 2008.

Othiel J. Ricardo
 Signature of a member or authorized representative of a member
OTHEL J RICARDO ZOLA RICARDO
 Typed or printed name of signee

FILED
 08 AUG 19 AM 8:49
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA