

# LD7000062668

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

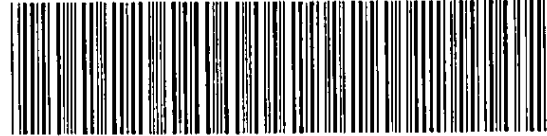
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 JUN 19 AM 9:59 PM 3:53

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**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
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**WALK IN**

**PICK UP:** 06/19/2020

**XX** CERTIFIED COPY \_\_\_\_\_  
☐ PHOTOCOPY \_\_\_\_\_  
**XX** CUS CERTIFICATE OF STATUS \_\_\_\_\_  
**XX** FILING AMENDMENT LLC \_\_\_\_\_

1. TRUCKING AND DEBRIS REMOVAL LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TRUCKING AND DEBRIS REMOVAL 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:

BERGOLLA GARCIA, ADALBERTO

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

TRUCKING AND DEBRIS REMOVAL LLC

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

11950 SW 188TH TER

\_\_\_\_\_  
Address

MIAMI FL 33177

\_\_\_\_\_  
City/State and Zip Code

BERTO.BORGELLA@GMAIL.COM

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

For further information concerning this matter, please call:

BERGOLLA GARCIA, ADALBERTO

786

413-5924

at ( )

\_\_\_\_\_  
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

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

TRUCKING AND DEBRIS REMOVAL LLC

2020 JUN 19 AM 9:59

(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 06/14/2007 and assigned  
Florida document number L07000062668.

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:**

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

**Enter new mailing address, if applicable:**

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

**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*

*City*

*Florida*

*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>      | 2020 JUL 19 AM 9:59                 | <u>Type of Action</u>                      |
|--------------|----------------------------|---------------------|-------------------------------------|--|
| MGR          | DAWN M PRITCHARD           |                     |                                     | <input type="checkbox"/> Add               |
|              |                            | 20080 LANI LN       |                                     |  |
|              |                            | NORTH FORT MYERS FL | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Remove |
|              |                            |                     |                                     | <input type="checkbox"/> Change            |
| MGR          | BERGOLLA GARCIA, ADALBERTO |                     |                                     |  |
|              |                            | 20080 LANI LN       |                                     | <input checked="" type="checkbox"/> Add    |
|              |                            | NORTH FORT MYERS FL |                                     | <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            |
|              |                            |                     |                                     | <input type="checkbox"/> Change            |
|              |                            |                     |                                     | <input type="checkbox"/> Add               |
|              |                            |                     |                                     | <input type="checkbox"/> Remove            |
|              |                            |                     |                                     | <input type="checkbox"/> Change            |
|              |                            |                     |                                     | <input type="checkbox"/> Add               |
|              |                            |                     |                                     | <input type="checkbox"/> Remove            |
|              |                            |                     |                                     | <input type="checkbox"/> Change            |

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

2020 JUN 19 AM 9:59

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

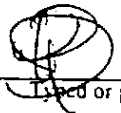
(b) The 90th day after the record is filed.

Dated JUNE 18TH 2020



Signature of a member or authorized representative of a member

MANAGER



ADALBERTO BERBOLLA GARCIA

Typed or printed name of signee