

L090000571121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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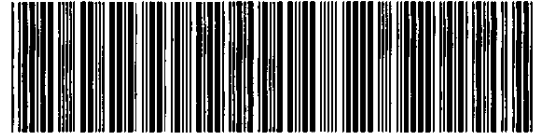
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10 AUG 18 AM 4:47
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Flores Boys Truck Lines, 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:

Juan Pablo Flores
Name of Person

Flores Boys Truck Lines, LLC
Firm/Company

P.O. Box 2727
Address

Labelle, FL 33975
City/State and Zip Code

jonasbrun@yahoo.com/floresboystrucklines@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jona Brun at 239, 728-7866
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

Flores Boys Truck Lines, 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 7/22/09 and assigned
Florida document number L09000071121.

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 end with 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)

4269 State Rd 29 South #.6
LaBelle, FL 33935

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 2727
LaBelle, FL 33975

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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:

Juan Pablo Flores

New Registered Office Address:

4269 State Rd. 29 South #4

Enter Florida street address

LaBelle

City

Florida

33935

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 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.

[Signature]
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>
MGR	Josue D. Rios	5480 State Rd 80 West LaBelle, FL 33935	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Miranda Campos	42109 State Rd 29 South LaBelle, FL 33935	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Juan P. Flores	P.O. Box 2727 LaBelle, FL 33975	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Refugio Flores	P.O. Box 2727 LaBelle, FL 33975	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Jose Flores	P.O. Box 2727 LaBelle, FL 33975	<input checked="" 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 _____

Signature of a member or authorized representative of a member

Juan P. Flores
Typed or printed name of signee