

L10000027985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

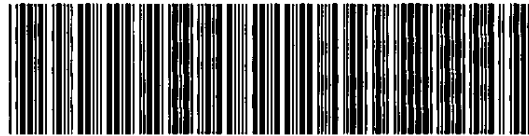
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
10 JUN -4 PM 1:58

T. HAMPTON

JUN -7 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A&W TRUCK SERVICE 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:

ANTONIO ALVAREZ AMARAN

Name of Person

A&W TRUCK SERVICE LLC.

Firm/Company

7215 KING ARTHUR DR.

Address

PORT RICHEY, FL 34668

City/State and Zip Code

BUSINESS@TAXESUNIVERSAL.COM

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

For further information concerning this matter, please call:

ANTONIO ALVAREZ AMARAN

Name of Person

at (**813**) **433-6213** **OFFICE HOURS**

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**

A&W TRUCK SERVICE 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 MARCH 12, 2010 and assigned
Florida document number L1000002985.

This amendment is submitted to amend the following:

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

N/A

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)

ANTONIO ALVAREZ AMARAN

7215 KING ARTHUR DR.

PORT RICHEY, FL 34668

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

ANTONIO ALVAREZ AMARAN

7215 KING ARTHUR DR.

PORT RICHEY, FL 34668

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DIVISION OF CORPORATIONS
10 JUN - 4 PM 1:50

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

Florida

City

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.

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	WILLIAM RIVAS	WILLIAM RIVAS 5023 DEO ROAD TAMPA, FL 33619	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ANTONIO ALVAREZ AMARAN	ANTONIO ALVAREZ AMARAN 7215 KING ARTHUR DR. PORT RICHEY, FL 34668	<input checked="" 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.)*

N/A

Dated MAY 27, 2010

x

Signature of a member or authorized representative of a member

ANTONIO ALVAREZ AMARAN

Typed or printed name of signee

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN -4 PM 1:58



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2010

ANTONIO ALVAREZ AMARAN
7215 KING ARTHUR DR
PORT RICHEY, FL 34668

Re: Document Number L10000027985

The Articles of Amendment to the Articles of Organization for A&W TRUCK SERVICE LLC, a Florida limited liability company, were filed on June 4, 2010.

The certification you requested is enclosed.

Should you have any questions regarding this matter, please telephone (850) 245-6051, the Registration Section.

Tammy Hampton
Regulatory Specialist II
Division of Corporations

Letter Number: 910A00014060

State of Florida



Department of State

I certify the attached is a true and correct copy of Articles of Amendment, filed on June 4, 2010, to the Articles of Organization for A&W TRUCK SERVICE LLC, a Florida limited liability company, as shown by the records of this office.

The document number of this limited liability company is L10000027985.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Seventh day of June, 2010



CR2E022 (01-07)

Dawn K. Roberts
Dawn K. Roberts
Secretary of State

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TO
ARTICLES OF ORGANIZATION
OF**

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(A Florida Limited Liability Company)

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(Principal office address MUST BE A STREET ADDRESS)

ANTONIO ALVAREZ AMARAN

7215 KING ARTHUR DR.

PORT RICHEY, FL 34668

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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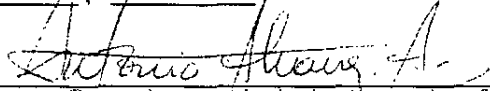
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	WILLIAM RIVAS	WILLIAM RIVAS 5023 DEO ROAD TAMPA, FL 33619	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ANTONIO ALVAREZ AMARAN	ANTONIO ALVAREZ AMARAN 7215 KING ARTHUR DR. PORT RICHEY, FL 34668	<input checked="" 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.)

N/A

Dated MAY 27 2010

x 
Signature of a member or authorized representative of a member

ANTONIO ALVAREZ AMARAN

Typed or printed name of signee

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