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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRUCKING PERMITS AND MORE LLC

Account Number : I20140000047 Phone : (813)774-4726 Fax Number : (813)877-2186

**Bruer the email address for this business entity to be used for future; Fannual report mailings. Enter only one email address please ** Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

M.B.Y. TRUCKING, LLC

Certificate of Status	
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

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COVER LETTER

	Registration Sec Division of Corp			
CI'D IE C	M.B.Y. TRU	JCKING, LLC		
SUBJECT	ľ:	Name of Lim	ted Liability Company	
The enclos	sed Articles of .	Amendment and fee(s) are sub-	nitted for filing	
Please reu	un all correspo	ndence concerning this matter	to the following:	
		MYRIAM VARGAS		
			Name of Person	
		TRUCKING PERMITS &	MORELLC	
			Firm Company	
		1721 W HILLSBOROUG	LAVE	
			Address	
		TAMPA FL 33603		
		JOMOL1978@HOTMAIL	City/State and Zip Code	
			to be used for future annual report notification)	<u> </u>
For furthe	r information c	oncerning this matter, please c	ıll:	
MYRIAN	4 VARGAS		813 7744726	
	Name o	f Person	at () Area Code Dayunic Telepho	ne Number
Enclosed	is a check for th	ne following amount:		
(■ \$25. 0	O Filing Fee	S30.00 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)
F I I	Mailing Address Registration Solivision of C P.O. Box 632 Tallahassee, I	Section Corporations 17	Street Address: Registration Section Division of Corporatio The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	isee 1, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

M.B.Y. TRUCKING, LLC			
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears d Linbility Company)	on our records.)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L10000126968</u> .	ny were filed on 12/1	0/2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ahility company her	<u>e</u> :	
YASMANY JOMOLCA LLC			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the des	ignation "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		ords enter the na	2020 H R - 5
name of New Registered Agent:	Candress on varies	enter the na	#10:47
· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:	Enter Floric	la street address	
		Florida	
	Сıņ	, Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Agen	nt:		
Thereby accept the appointment as registered agent and a	gree to act in this co	apacity. I further o	igree to comply with t

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.

AMBR = Authorized Member

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or remov	sea from our records.		
MGR =	Manager		

Title	<u>Name</u>	Address	Type of Action
			□ Change
			∃Add
			□Remove
			□Change
			□Remove
			□ Change
			□Remove
			Change
			[]Remove
](:hange
			JAdd
			□Change

To	Pag

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E. Effective date, if other than the date of filing: (If an effective date, is sheed, the date must be specific and cannes be prior to date of filing or Note: If the date inserted in this block does not meet the applicable statutory fill 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 record is filled. Dated March 5 2020 Signature of a member or authorized representative date.			-		
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If an effective date is listed, the date m Note: If the date inserted in this l	ust be specific and cannot be block does not meet the	applicable statutor	ng or more than 90 day	optional) s after filing) Pursuant to 6 s, this date will not be li	05,0207 (1 sted as th
	ve date, but not an effe	ctive time, at 12:0:	am on the earlier	of; (b) The 90th day af	ter the
March 5	2020) 			
		Λ			
		系			
	Signature of a member	or authorized represe	intative of a member		