

L110000059660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

SEP 25 2015

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: P and P Trucking, 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:

Ellie M. Polissant

Name of Person

P and P Trucking, LLC

Firm/Company

779 NW Floresta Drive

Address

Port St. Lucie, FL 34983

City/State and Zip Code

PandPTrucking@Yahoo.com

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

For further information concerning this matter, please call:

Ellie M. Polissant

561 282-7672
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**

P and P 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 05/20/2011 and assigned
Florida document number L11000059660.

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)

P.O. Box 13477

Ft. Pierce FL 34979

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

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

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COURT
FLORIDA
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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>	<u>Type of Action</u>
MGR	Rosiana Paulicin	3651 William street	<input type="checkbox"/> Add
		Lake Park, FL 33403	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
DM	Mark S. Polissaint	3651 William Street	<input type="checkbox"/> Add
		Lake Park, FL 33403	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Vice Pres	Ellie M. Polissaint		<input type="checkbox"/> Add
		779 NE Floresta Drive	<input type="checkbox"/> Remove
		Port St. Lucie, FL 34983	<input checked="" type="checkbox"/> Change
MGRM	Kethly Polissaint		<input type="checkbox"/> Add
		779 NW Floresta Drive	<input type="checkbox"/> Remove
		Port St. Lucie, FL 34983	<input checked="" 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

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 COUNTY OF STATE
 TREASURY FLORIDA

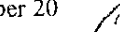
This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

September 20 _____, 2015



Signature of a member

Ellie M. Polissaint

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