

L110000082585

Florida Department of State
Division of Corporations
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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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROAD KING TRANSPORTATION, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Corporate Filing Menu

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5/4/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROAD KING TRANSPORTATION, LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GUTIERREZ ALVAREZ, ALAIDET

Name of Person

ROAD KING TRANSPORTATION, LLC.

Firm/Company

5315 36th Ave S

Address

TAMPA, FL 33619

City/State and Zip Code

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

For further information concerning this matter, please call:

GUTIERREZ ALVAREZ, ALAIDET

813 3727160
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROAD KING TRANSPORTATION 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 07/19/2011 and assigned Florida document number LI1000082585.

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)

6428 BLACK DAIRY RD

SEFFNER, FL 33584

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6428 BLACK DAIRY RD

SEFFNER, FL 33584

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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:

GUTIERREZ ALVAREZ, ALAIDIET

New Registered Office Address:

6428 BLACK DAIRY RD

Enter Florida street address

SEFFNER

City

Florida

33584

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>	<u>Type of Action</u>
MGR	MUNOZ CARNERO, ABEL	5315 36th Ave S	<input type="checkbox"/> Add
		TAMPA, FL 33619	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MUNOZ, LESLY	5315 36th Ave S	<input type="checkbox"/> Add
		TAMPA, FL 33619	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GUTIERREZ ALVAREZ, ALAIDEX	6428 BLACK DAIRY RD	<input type="checkbox"/> Add
		SEFFNER, FL 33584	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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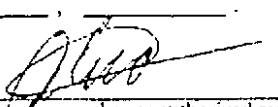
E. Effective date, if other than the date of filing: _____ (optional)

(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 5/3 2021



Signature of a member or authorized representative of a member

ALAIDIET GUTIERREZ ALVAREZ

Typed or printed name of signer

Filing Fee: \$25.00