

L12000120889

(Requestor's Name)

(Address)

(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan DEC 26 2012

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **TAFT TRUCKING PARKING AND STORAGE 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:

JOSE R. MELENDEZ

Name of Person

SELF

Firm/Company

110 SEABREAZE CIR

Address

KISSIMMEE, FL 34743

City/State and Zip Code

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

For further information concerning this matter, please call:

JOSE R. MELENDEZ

Name of Person

at **(407) 301-2195**

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TAFT TRUCK PARKING AND STORAGE 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 SEPTEMBER 21, 2012 and assigned
Florida document number L12000120889.

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)

250 THORPE RD

ORLANDO, FL 32824

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 450993

ORLANDO, FL 32825

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 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>
MGRM	Edgardo Cosme	1100 Robert Ridge Ct Kissimmee, FL 34743	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Abraham Pereira	3166 Anthony Dr St Cloud, FL 34771	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Dora Estela Monsalve Cardona	4237 Summit Creek Blvd Apt 5206 Orlando, FL 32837	<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.)

NONE

Dated December, 17th, 2012



Signature of a member or authorized representative of a member

JOSE R. MELENDEZ

Typed or printed name of signee

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