

L130000/31384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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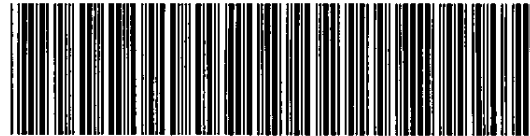
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 02 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **A R 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:

RAMON ABUD

Name of Person

A R TRUCKING LLC

Firm/Company

205 PINE ST

Address

ORLANDO, FL 32824

City/State and Zip Code

sustaxes@gmail.com

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

For further information concerning this matter, please call:

RAMON ABUD

Name of Person

at **407 9228078**

Area Code

Daytime Telephone Number

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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

A R TRUCKING LLC

The Articles of Organization for this Limited Liability Company were filed on 10/16/2012 and assigned Florida document number L12000131384.

N/A

N/A

(Mailing address MAY BE A POST OFFICE BOX)

N/A

Enter Florida street address

, Florida

City

Zip Code

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGRM	RAMON A ABUD	205 Pine St	☐ Add
		Orlando, FI 32824	☒ Remove
			☐ Add
			☐ Remove
			☐ Add
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JANUARY 10 2012
TALLAHASSEE, FL 32304

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated SEPTEMBER 24th, 2014

Ramon Abud

Signature of a member or authorized representative of a member

RAMON ABUD

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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