

Dec 05 17 05:00 PM

12/4/2017

Trucking Permits & More 8138772186

Division of Corporations

p.01

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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
MANDY LOGISTICS LLC**

| | |
|-----------------------|---------|
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TALLAHASSEE, FLORIDA

FILED
2017 DEC - 6 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MANDY LOGISTICS 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:

RETURETA, ARMANDO

Name of Person

MANDY LOGISTICS LLC

Firm/Company

5424 FRIARSWAY DR

Address

TAMPA, FL 33624

City/State and Zip Code

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

For further information concerning this matter, please call:

ARMANDO RETURETA

813 8434162
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**

MANDY LOGISTICS LLC

(Name of the Limited Liability Company as it now appears on our records,
(A Florida Limited Liability Company))

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/26/2013 and assigned Florida document number L13000061466.

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)

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

City

Florida

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 | RODRIGUEZ, MOISES | 5424 FRIARSWAY DR | <input checked="" type="checkbox"/> Add |
| | | TAMPA, FL 33624 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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SECRETARY OF
TALLAHASSEE, FLA.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 45 days after filing. Pursuant to NYS (22U/134b)

(b) The 90th day after the record is filed.

Date: December 5, 2017

Signature of a member or authorized representative of a member

RETIRETA, ARMANDO

[illegible]