Division of Corporations

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRUCKING PERMITS AND MORE LLC

Account Number : I20143000047 : (813)774-4726 Phone

: (813)774-4726 Fax Number

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

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Corporate Filing Menu

JUN 1 0 2015 Help

COVER LETTER

	Registration Se Division of Cor			
SUBJEC		TALLATIONS LLC		
SUBJECT: Name of Limited Liability Company				
		Amendment and fee(s) are submodence concerning this matter	_	
		GALVEZ, RUBEN	•	
			Name of Person	
		DERK INSTALLATIONS	LLC	
			Firm/Company	, _
		5407 HARBORSIDE DR		
			Address	
		TAMPA, FL 33615		
			City/State and Zip Code	ggyanin ng i kilalin ng gan ng an ai limit ti di n g
		E-mail address: (to be used for future annual report notific	eation)
For furth	er information o	concerning this matter, please ca	all:	•
MYRIA.	M VARGAS		813 774-4726 at ()	
	Name o	f Person		Telephone Number
Enclosed	is a check for t	he following amount:		
\$25.0	00 Filing Fee	S30.00 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
	25.44	VIO 4 70 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	MEDINET/COUNTY	APPRESS OF

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 15 JUN -9 AM 4: 14

SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DERK INSTALLATIONS LLC	
(Name of the Limited Liability Comp (A Fiorida Limited	any as <u>il now appears on our records.</u>) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L13000127923	y were filed on 9/10/2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	pility company here:
The new name must be distinguishable and contain the words "Limited Linb	ility 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)	
Tour and Was all and the state of the state	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address between	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip: Code
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>

If Changing Registered Agent, Signature of New Registered Agent

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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>	Name	Address	Type of Action
MGR	RUBEN RODRIGUEZ	2612 MARTHA LANE	■ Add
		LAND O LAKES FL 34639	□ Remov e
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			Add
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			Change Z

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Trucking Permits and More

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Effective date, if other than the	date of filing:	(optional)
(If an effective date is listed, the date must Note: If the date inserted in this blo	be specific and cannot be prior to date of filing or more than 90 ock does not meet the applicable statutory filing requirem	days after filing.) Pursuant to 605.0207 (3 nents, this date will not be listed as the
document's effective date on the De	epartment of State's records.	
	effective date, but not an effective time, at a	12:01 a.m. on the earlier of:
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