8/16/2017

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Offer 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)774-4726

**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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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN: DERK INSTALLATIONS LLC

Certificate of Status	٠,	0		
Certified Copy		0		
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Estimated Charge		\$25.00		

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Electronic Filing Menu

Corporate Filing Menu

Help

D. BRUCE AUG 17 2017

COVER LETTER

TO: Registration S Division of Co			
DERK IN	STALLATIONS LLC		
SUBJECT:	Name of Lir	nited Liability Company	
	f Amendment and fee(s) are sul ondence concerning this matter	·	
	GALVEZ MESA, RUBE	N	
		Name of Person	
	DERK INSTALLATION	LLC	
		Pirm/Company	<u> </u>
	5407 HARBORSIDE DR		
		Address	
	TAMPA, FL 33615		2817
		City/State and Zip Code	3 ·
	E-mail address: (to be used for future annual report notification	ation) US
For further information of	concerning this matter, please c	all:	
GALVEZ MESA, RUB	EN	813 2037606	
Name o	of Pason	Area Code Daytime T	clephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS:	STREET/COURIER Registration Section	R ADDRESS:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Educative Center Circle
Tallahussee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DERK INSTALLATIONS LLC				
(Name of the Limited Liability Co (A Florida Lim	ompany as It now appears on the Liability Company)	n our records.)		
The Articles of Organization for this Limited Liability Company were filed on 09/10/2013 and as			and assigned	
Florida document number L13000127923				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	llability cosipany here	:		
The new name must be distinguishable and contain the words "Limited !	Liability Company," the design	nation "LLC" or the abb	previation "L.L.C."	
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS	<u>s)</u> _			
		<u> </u>	291	
		AHAS		
Enter new mailing address, if applicable:		<u> </u>		
Mailing address MAY BE A POST OFFICE BOX)		m,*		
			>	
		OR I	ф	
B. If amonding the registered agent and/or registere registered agent and/or the new registered office address		ir records, <u>eptér t</u>	he name of the	
Name of New Registered Agent:				
New Registered Office Address:				
	uter 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 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

Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	Manager - Authorized Member	Ε	
Title	Name	Address	Type of Action
MGR	RODRIGUEZ, RUBEN	2612 MARTHA LANE	
		LAND O LAKES, FL 34639	= Remove
			Change
MOR	HERNANDEZ, LIVAN	5407 HARBORSIDE DR	Dbd
		TAMPA, FL 33615	■ Remove
			Change
		-	Add
		<u> </u>	Remove
			☐ Change
			Add 28 Remove
			Change
			Remove
	•		☐ Change
			Remove

 If amending any other information, enter change(s) here: 	: (Attach additional sheets, if necessary.)
-	
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	On W
Effective data if other than the data of fillings	(ontional)
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to Note: If the date inserted in this block does not meet the applical document's effective date on the Department of State's records.	o date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) ble statutory filing requirements, this date will not be listed as the
the record specifies a delayed effective date, but not) The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier of:
Dated AUGUST 16 . 2017	
Propen Andres	
Signature of a member or author	zed representative of a member
GALVEZ MESA, RUBEN	
Typed or printed	name of signee

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Filing Fee: \$25.00