L18000127923

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H18000249015 3)))

H18000249015 3ABC/

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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: _____

2018 AUG 24 AM 9:04

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

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$25.00

2018 AUG 24 PM 3:10

T. CLINE
AUG 27 2018
EXAMINER

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FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Trucking Permits And More LLC
DATE	2018-08-24 18:57:48 GMT
RE	

COVER MESSAGE

2018 AUG 27 AM 9:04

DON'T FORGET TO FILE YOUR FORM 2290 BEGINNING JULY 1 THE DEADLINE IS 8/31/18.

NO OLIVDE LLENAR SU FORMA 2290 COMENZANDO JULIO 1. TIENE PLAZO HASTA 8/31/18.

Trucking Permits & More LLC

1721-C West Hillsborough Ave
Tampa FL 33603
P: 813.774.4726
F: 813.877-2186

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DERK INSTALLATIONS 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:

GALVEZ MESA, RUBEN
Name of Person

DERK INSTALLATIONS LLC
Firm/Company

5407 HARBORSIDE DR
Address

TAMPA, FL 33615
City/State and Zip Code

crmn.avila1@gmail.com
E-mail address: (to be used for future annual report notification)

2018 AUG 24 AM 9:04

For further information concerning this matter, please call:

GALVEZ MESA, RUBEN at (813) 2037606
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

DERK INSTALLATIONS 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 09/10/2013 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 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)

10620 PARKER'S LANDING DRIVE #4-202
TAMPA, FL 33615

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

10620 PARKER'S LANDING DRIVE #4-202
TAMPA, FL 33615

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:

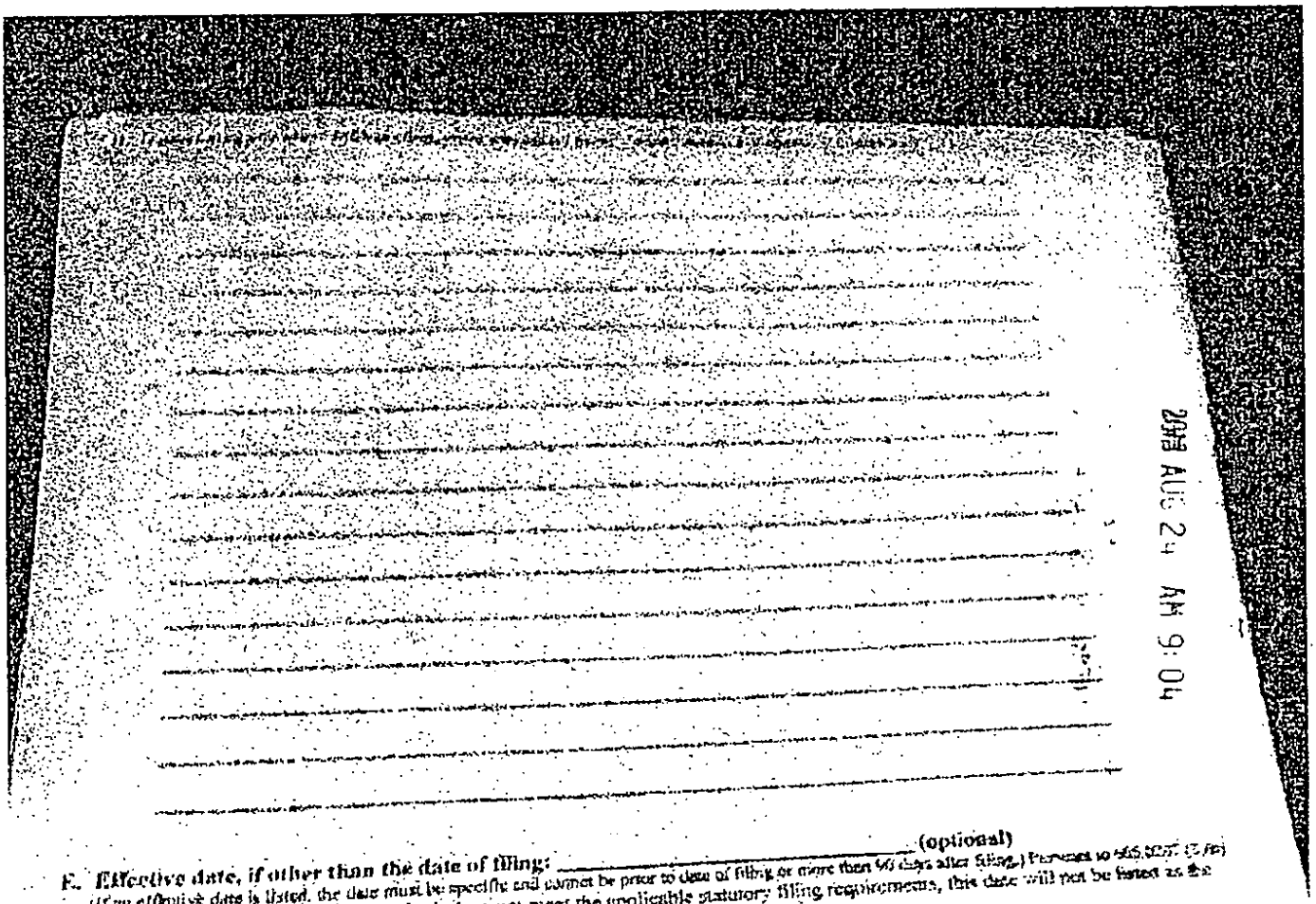
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 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

Title	Name	Address	Type of Action
MGR	GALVEZ MESA, RUBEN	10620 PARKER'S LANDING D	■ Add
		#4-202	☐ Remove
		TAMPA, FL 33615	■ Change
MGR	AVILA FERNANDEZ,CARMEN	10620 PARKER'S LANDING D	■ Add
		#4-202	☐ Remove
		TAMPA, FL 33615	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change



2018 AUG 24 AM 9:04

F. **Effective date, if other than the date of filing:** _____ (optional)
(If no effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 365.3037 (2) (b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated: 8/24/18 2018

Signature of a member or authorized representative of a member

GALVEZ MESA, RUBEN Ruben Galvez

Typed or printed name of signee

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Filing Fee: $25.00