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(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan JUN 20 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **ADK 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:

SAUL VELEZ

Name of Person

B AND P CONSULTANTS SERVICES INC

Firm/Company

3501 W VINE ST STE 294

Address

KISSIMMEE FL 34741

City/State and Zip Code

BANDPCONSULTANTS@YAHOO.COM

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

For further information concerning this matter, please call:

SAUL VELEZ

407 846-1040

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

* 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

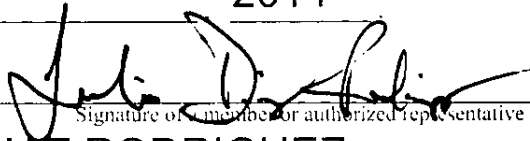
| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------------|---------------------------|---|
| <u>MGR</u> | <u>PETRA RODRIGUEZ</u> | <u>584 EAGLE CT</u> | <input checked="" type="checkbox"/> Add |
| | | <u>KISSIMMEE FL 34759</u> | <input type="checkbox"/> Remove |
| | | <u></u> | |
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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 **JUNE 09** **2014**



Signature of a member or authorized representative of a member

JULIO DIAZ RODRIGUEZ

Typed or printed name of signee

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Filing Fee: \$25.00

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