Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: TRUCKING PERMITS AND MORE LLC Account Name

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. \*\*

Email Address:

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MARTELL TRUCKING LLC

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# COVER LETTER

TO:

Registration Section Division of Corporations

· ...

OUB IDEE

# MARTELL 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:

# RENE DELGADO MOSTEIRO Name of Person MARTELL TRUCKING LLC Firm/Company 3005 W COLLINS ST Address TAMPA FL 33607 City/State and Zip Code

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

For further information concerning this matter, please call:

**RENE DELGADO** 

୍ମ,813୍316**-**5065

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

MARTELL TRUCKING LI		and it may appear on our manufal.	<del>,</del>
(Name of the 1710)	(A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I. Florida document number <u>L14000043433</u>	iability Company	were filed on <u>03/17/14</u>	and assigned
This amendment is submitted to amend the following	lawino:		
	_	1114	
A. If amending name, enter the new name of	it the limited han	nity company nere:	
The new name must be distinguishable and end with the	words "Limited Link	oility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3005 W COLLINS ST	
(Principal office address MUST BE A STREET ADDRESS)		TAMPA FL 33607	
Enter new mailing address, if applicable:		3005 W COLLINS ST	SP SP
(Mailing address MAY BE A POST OFFICE	BOX)	TAMPA FL 33607	SES N
	······································		
B. If amending the registered agent and registered agent and/or the new registered of	/or registered o ffice addr <del>e</del> ss her	ffice address on our records, <u>e</u> :	enter the time of the new
Name of New Registered Agent:	RENE DEL	GADO MOSTEIRO	
New Registered Office Address:	3005 W CC	DLLINS ST	
		Enter Florida street address	
	TAMPA	, Florid	ia 33607
		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

MGR = Manager

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:

AMBR = A	uthorized Member		
Title	Name	Address	Type of Action
MGRM	RENE DELGADO MOSTEIRO	3005 W COLLINS ST	<b>=</b> Add
		TAMPA FL 33607	□ Remove
			Remove
			□ Add
			□ Remove
			□ Add
			Remove AHA
			-2 PHIZEO2
			□ Add
			□ Remove

he date this document is filed by the Florida Department of State)	amending any other i	nformation, enter change(s) here: (Att	ach additional sheets, if necessary.)
Effective date, if other than the date of filing:  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)		·	
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· · · · · · · · · · · · · · · · · · ·			(optional) and cannot be more than 90 days after
lated 110408+ 11 , 2014.	ated Acqust	• • •	
Signature of a member or authorized representative of a member	Market and the second	Treves	
RENE DELGADO MOSTEIRO	RENE D		presentative of a member

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Filing Fee: \$25.00