L14000044671

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COVER LETTER

TO: **Registration Section Division of Corporations** MIGUEL F. TRUCKS, 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: ANGEL J. MARTINEZ Name of Person Firm/Company **4820 SW 17TH STREET** Address FORT LAUDERDALE, FL 33317 City/State and Zip Code (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person 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

FILED

2014 JUL -7 PM 4: 08

SECRETARY OF STATE TALLAHASSEE, FLORIDA

MIGUEL F. TRUCKS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L14000044671	bility Company were filed on March 18, 2014 and assigned
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of t	the limited liability company here:
The new name must be distinguishable and end with the w	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, <u>enter the name of the new ice address here</u> :
Name of New Registered Agent:	
Name of New Registered Agent: New Registered Office Address:	Enter Elevida en addres
	Enter Florida street address
	Enter Florida street address, Florida City Zip Code
	, Florida City Zip Code

If Changing Registered Agent, Signature of New Registered Agent

. 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>	Address	Type of Action
AP	YOANDY VEGA	5156 NE 6TH AVE APT#204	Add
		FORT LAUDERDALE, FL 33334	Remove
			
			Add
			Remove
			□ Add
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			□ Add
			Remove
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	·		□ Add
			🗆 Remove
			
			🗖 Add
			□ Remove

O.' If amending any other information, enter change(s) here: (A	ttach 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 the date this document is filed by the Florida Department of State)	(optional) ate and cannot be more than 90 days after
Dated JUN 18 , 2014	
Signature of a member or authorized	representative of a member
ANGEL J, MARTINEZ	
Typed or printed par	ne of signee

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Filing Fee: \$25.00

