

10/25/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover 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)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: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
M. LOMBA TRUCKING LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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T. CLINE
OCT 26 2018
EXAMINER

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Corporate Filing Menu

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COVER LETTER

**TO: Registration Section
Division of Corporations.**

SUBJECT: M. LOMBA 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:

SALVADOR CIFUENTES, ODALYS

Name of Person

M. LOMBA TRUCKING LLC

Firm/Company

6914 N OREGON AVE

Address

TAMPA, FL 33604

City/State and Zip Code

MLOMBA26@YAHOO.COM

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

For further information concerning this matter, please call:

SALVADOR CIFUENTES, ODALYS

813

7706690

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

FILED
2018 OCT 25 AM 9:11
CLERK OF STATE
TALLAHASSEE, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M. LOMBA TRUCKING 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 05/05/2014 and assigned Florida document number 114000072860.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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:

SALVADOR CIFUENTES, ODALYS

New Registered Office Address:

6914 N OREGON AVE

Enter Florida street address

TAMPA

Florida

33604

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.

Odalys Salvador
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LOMBA, MARIO G	6914 N OREGON AVE	<input type="checkbox"/> Add
		TAMPA, FL 33604	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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HEREIN IS UNCLASSIFIED
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2010 OCT 25 AM 9:11
FBI - ALBANY

Odalys Salvador
Signature of a member or authorized representative of a member

SALVADOR CIFUENTES, ODALYS

Typed or printed name of signee