

SEP/24/2014/WED 12:56 PM

FAX No.

P. 001

9/24/2014

Division of Corporations

L14000079813

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

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
MILLS TRUCKING SERVICES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
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SEP 25 2014

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

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FAX No.

P. 002

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **MILLS TRUCKING SERVICES 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:

HECTOR VILLACIS

Name of Person

MILLS TRUCKING SERVICES LLC

Firm/Company

1624 N WIND PL APT 106

Address

CHARLOTTE, NC 28210

City/State and Zip Code

hispanusa@hotmail.com

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

For further information concerning this matter, please call:

MARCELO MOLINA

Name of Person

at **(786) 442-8820**

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
14 SEP 24 PM 11:33
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MILLS TRUCKING SERVICES, 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 07/08/2014 and assigned
Florida document number L14000079813.

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 end with 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)

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:

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 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

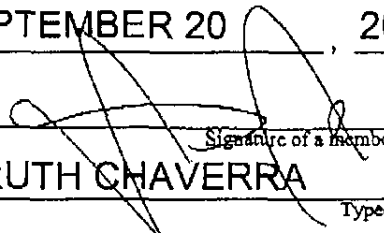
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARCELO H MOLINA	9595 FONTAINEBLEU BLVD APT 906	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33172	<input type="checkbox"/> Remove
AMBR	JUAN CARLOS VILLACIS	GASPAR DE ESCALONA N39120	<input checked="" type="checkbox"/> Add
		SANCHO ANDRADA	<input type="checkbox"/> Remove
		QUITO ECUADOR	
MGR	HECTOR VILLACIS	1624 N WIND PL APT 106	<input checked="" type="checkbox"/> Add
		CHARLOTTE, NC 28210	<input type="checkbox"/> Remove
AMBR	ADRIANA HOYOS	4028 PEPPER TREE DRIVE	<input checked="" type="checkbox"/> Add
		WESTON FL 33332	<input type="checkbox"/> Remove
AMBR	RUTH CHAVERRA	9980 ROYAL PALM BLVD	<input checked="" type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input type="checkbox"/> Remove
MGR	HECTOR MONTALVO	9957 NW 47TH ST	<input checked="" type="checkbox"/> Add
		CORAL SPRINGS FL 33076	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

AMBR SALAZAR ISABEL & LUIS

E. Effective date, if other than the date of filing: 09/01/2014 (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 SEPTEMBER 20, 2014



Signature of a member or authorized representative of a member

RUTH CHAVERRA

Typed or printed name of signer

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14 SEP 24 2:11:33
TALLAHASSEE, FLORIDA
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