

#L15000071455

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TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JUL 10 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

15 JUL -9 PM 3: 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 30, 2015

SAUCE TRUCKING, "LLC"  
MARCUS CLARK  
10803 N LEO ST.  
TAMPA, FL 33612

SUBJECT: SAUCE TRUCKING, "LLC"  
Ref. Number: L15000071455

We have received your document for SAUCE TRUCKING, "LLC" and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete. Enclosed is the missing page (signature page) for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 715A00013686

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SAUCE 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:

**MARCUS CLARK**

\_\_\_\_\_  
Name of Person

**SAUCE TRUCKING, LLC**

\_\_\_\_\_  
Firm/Company

**10803 N. LEO STREET**

\_\_\_\_\_  
Address

**TAMPA FLORIDA 33612**

\_\_\_\_\_  
City/State and Zip Code

**MC00504@VERIZON.NET**

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

For further information concerning this matter, please call:

**Patricia Clark**

**813 600-0072**  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SAUCE TRUCKING, LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4/24/2015 and assigned  
Florida document number L15000071455.

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 "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:

MARCUS CLARK

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 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	MARCUS CLARK	10803 N. LEO STREET TAMPA F	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
S	PATRICIA CLARK	10803 N. LEO STREET TAMPA F	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PATRICIA CLARK		<input type="checkbox"/> Add
		10803 N. LEO STREET TAMPA F	<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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2005 JUL 9 AM 10:08  
 TALLAHASSEE, FLORIDA  
 SECRETARY OF STATE  
 REMOVE  
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 ADD  
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Dated \_\_\_\_\_, \_\_\_\_\_

Signature of a member or authorized representative of a member

Typed or printed name of signee \_\_\_\_\_