L15000125416

5/15/2018 Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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(((H18000151429 3)))

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To:
Division of Corporations
Fax Number : (850)517-6383

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: _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

BLUE SKY TRUCK LINE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$25.00

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K SALY
MAY 17 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUE SKY TRUCK LINE 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:

ROVIRA PEREZ, OVEL
Name of Person

BLUE SKY TRUCK LINE LLC
Firm/Company

7000 WOODGROVE CIR
Address

TAMA, FL 33615
City/State and Zip Code

ODELROVIRA@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROVIRA PEREZ, OVEL at (971) 2078280
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 ☐ $30.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ $61.00 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

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TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUE SKY TRUCK LINES 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 07/22/2015 and assigned Florida document number L15000125416

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)

7909 WOODGROVE CIRCLE
TAMPA, FL 33615

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

7909 WOODGROVE CIRCLE
TAMPA, FL 33615

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

City, Florida *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

Title	Name	Address	Type of Action
MGR	ROVIRA PEREZ, ODEL	5510 N HIMES AVE APT 605	☐ Add
		TAMPA, FL 33614	☒ Remove
			☐ Change
MGR	ROVIRA PEREZ, OSVALDO	7909 WOODGROVE CIRCLE	☒ Add
		TAMPA, FL 33615	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

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E. Effective date, if other than the date of filing: _____ **(optional)**
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207(3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated May 16 2018

_____
Signature of a member or authorized representative of a member

ROVIRA PEREZ, ODEL

_____
Typed or printed name of signer

Page 3 of 3

Filing Fee: $25.00

850-617-6381 5/15/2018 10:00:37 AM PAGE 1/001 Fax Server

May 15, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BLUE SKY TRUCK LINE LLC
5510 N HIMES AVE APT 605
TAMPA, FL 33614

SUBJECT: BLUE SKY TRUCK LINE LLC
REF: L15000125416

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Fax cover sheet must be submitted in portrait, not landscape.

You have indicated that you are adding and removing Odel. Please list one type of action.

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.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H18000149672
Letter Number: 018A00010023

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