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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 APR 23 PM 4:10

M. MILLIGAN
APR 26 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: N CAMPOS 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:

NIVALDO CAMPOS
Name of Person
N CAMPOS TRUCKING LLC
Firm/Company
3401 NW 99 ST
Address
MIAMI FL 33147
City/State and Zip Code
ysans31@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yeline Sans at (305) 522 4809
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

N CAMPOS trucking LLC

and assigned

Page 1 of 3

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>
<u>MGR</u>	<u>Danny Viera</u>	<u>3401 NW 99 St</u>	<input type="checkbox"/> Add
		<u>MIAMI FL 33147</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Edel Campo</u>	<u>3401 NW 99 St</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI FL 33147</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Yoheny Granado</u>	<u>23776 SW 111 Ct</u>	<input checked="" type="checkbox"/> Add
		<u>HOMESTEAD FL 33032</u>	<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

E. Effective date, if other than the date of filing: 4/11/2018 (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 4/11/2018,

x 
Signature of a n

Signature of a member or authorized representative of a member

NIVALDO CAMPOS

Typed or printed name of signee

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DIVISION OF COMPARATIONS
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