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9/9/2020

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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((H20000313375 3)))



H200003133753ABCY

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To:

Division of Corporations  
Fax Number : (850)617-6383

Account Name : THREE K FAST CARRIER SERVICES INC  
Account Number : 120180000033  
Phone : (305)805-3516  
Fax Number : (305)887-5844

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address:

VITI CORP 962@GMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MAYFLOWER TRUCKING LLC

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9/11/2020 3:10:08 PM PAGE 1/001 Fax Server

page.1



September 11, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

MAYFLOWER TRUCKING LLC  
1043 SW 29 AVE  
APT 1  
MIAMI, FL 33135US

SUBJECT: MAYFLOWER TRUCKING LLC  
REF: L16000001672

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.

PLEASE CORRECT THE DATE THE ARTICLES OF ORGANIZATION WERE FILED TO READ: 01/04/2016 IN THE FIRST PARAGRAPH OF THE DOCUMENT.

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) 245-6050.

Darlene Connell  
Regulatory Specialist II Supervisor

FAX Aud. #: H20000313375  
Letter Number: 420A00017321

## COVER LETTER

(4200003133753)

TO: Registration Section  
Division of Corporations

SUBJECT: MAYFLOWER 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:

VICTOR R LOPEZ PEREZ

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

MAYFLOWER TRUCKING LLC

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

10700 SW 29TH ST

\_\_\_\_\_  
Address

MIAMI, FL 33165

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

VITICOR1962@GMAIL.COM

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

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SECRETARY OF STATE  
MAY 11 2006  
20 SEP 11 PM 4:05

For further information concerning this matter, please call:

VICTOR R. LOPEZ PEREZ

786

283-0567

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 Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

MAYFLOWER 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 01/04/2016 and assigned Florida document number L16000001672.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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)**

10700 SW 29TH ST

MIAMI, FLORIDA 33165

**Enter new mailing address, if applicable:**

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

10700 SW 29TH ST

MIAMI, FL 33165

**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:

10700 SW 29TH ST

*Enter Florida street address*

MIAMI

Florida 33165

*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:

(#200003133753)

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	VICTOR R LOPEZ TRUJILLO	10700 SW 29TH ST	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33165	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VICTOR R LOPEZ PEREZ	10700 SW 29TH ST	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33165	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DAMARYS A PEREZ	10700 SW 29TH ST	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33165	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

E. Effective date, if other than the date of filing: 09-04-2020 (optional)

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 SEPTEMBER 04, 2020

Signature of a member or authorized representative of a member

VOCTOR R LOPEZ PEREZ

Typed or printed name of signee