

U60008093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

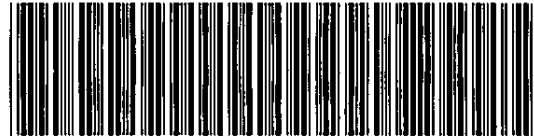
(Business Entity Name)

(Document Number)

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09/13/16--01005--023 *35.00

EFFECTIVE DATE

9/23

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SECRETARY OF REVENUE
TALLAHASSEE, FLORIDA
16 SEP 13 PM 4:44

SEP 27 2016

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2016

ROGELIO M RODRIGUEZ
RM RODRIGUEZ TRUCKING LLC
17640 NW 67TH AVENUE #1313
HIALEAH, FL 33015

SUBJECT: RM RODRIGUEZ TRUCKING LLC
Ref. Number: L16000081093

We have received your document for RM RODRIGUEZ TRUCKING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions 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.

Shelia H Young
Regulatory Specialist II

Letter Number: 616A00019646

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RM RODRIGUEZ 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:

ROGELIO M RODRIGUEZ

Name of Person

RM RODRIGUEZ TRUCKING LLC

Firm/Company

4825 WHISTLERS GREEN CIR #8

Address

NAPLES, FL 34116

City/State and Zip Code

MIGUELONELPINTO@HOTMAIL.COM

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

For further information concerning this matter, please call:

ROGELIO M RODRIGUEZ

786 803-7854
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA

75

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

RM RODRIGUEZ 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 04/25/2016 and assigned
Florida document number L16000081093.

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)

4825 WHISTLERS GREEN CIR #8

NAPLES, FL 34116

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4825 WHISTLERS GREEN CIR #8

NAPLES, FL 34116

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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:

N/A

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	ROGELIO M RODRIGUEZ	4825 WHISTLERS GREEN CIR	<input type="checkbox"/> Add
		#8	<input type="checkbox"/> Remove
		NAPLES, FL 34116	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

SECRETARY OF STATE
FLORIDA
SEP 13 AM 4:14
16 SEP 13

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

N/A

16 SEP 13 PM 4:44

E. Effective date, if other than the date of filing: 09-23-16 (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 23, 1961

SEPTEMBER 23 _____, _____ 16

 Signature of a member or authorized representative of a member

ROGELIO M RODRIGUEZ

Typed or printed name of signee