

UPD 86462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

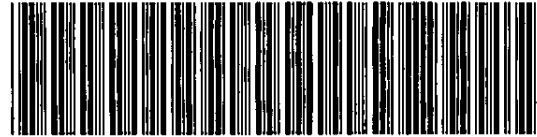
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000291544650

10/25/16--01007--008 **25.00

OCT 25 2016
S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 25 PM 4:06

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: L & LG TRUCKING SERVICE 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:

LIBARDO GARCIA

Name of Person

L & LG TRUCKING SERVICE LLC

Firm/Company

492 NOELWOOD CT

Address

OCOOEE, FL 34761

City/State and Zip Code

libardogb1@hotmail.com

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

FILED
STATE OF FLORIDA
SECRETARY OF
TALLAHASSEE
16 OCT 25 PM 4:06

For further information concerning this matter, please call:

LIBARDO GARCIA

407 988-4916
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**

L & LG TRUCKING SERVICE 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 05/02/2016 and assigned
Florida document number L16000086462.

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)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 25 PM 4:06

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:

LIBARDO GARCIA

New Registered Office Address:

492 NOELWOOD CT

Enter Florida street address

OCOE

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.


Libardo Garcia
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>
MGRM	LIBARDO GARCIA	492 NOELWOOD CT	<input type="checkbox"/> Add
		OCOEE, FL 34761	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	MARIA V RACINES	492 NOELWOOD CT	<input type="checkbox"/> Add
		OCOEE, FL 34761	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	HERMAN G CASTRO	492 NOELWOOD CT	<input checked="" type="checkbox"/> Add
		OCOEE, FL 34761	<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

FILED
STATE
SECRETARY OF
FALLAHASSEE, FLORIDA
16 OCT 25 PM 4:06

1800/20

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
19 OCT 25 PM 4:06

(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)

Dated _____, _____

* Libardo Garcia Signature of a member
LIBARDO GARCIA

Signature of a member or authorized representative of a member

LIBARDO GARCIA

Typed or printed name of signee