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Trucking Permits and More 8138772188

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12/13/2016

L16000139234

Division of Corporations

Florida Department of State
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To:

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

From:

Account Name : TRUCKING PERMITS AND MORE LLC
Account Number : I20140000047
Phone : (813)774-4726
Fax Number : (813)774-4726

****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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2016 DEC 14 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BELLAS TRANSPORT LLC**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 DEC 14 A 11:00

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D. BRUCE
DEC 15 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BELLAS TRANSPORT 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:

GOMEZ, MARITZA M

Name of Person

BELLAS TRANSPORT LLC

Firm/Company

600 LAFAYETTE ST

Address

BEARDSTOWN, IL 62618

City/State and Zip Code

bellastransportllc@gmail.com

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

For further information concerning this matter, please call:

GOMEZ, MARITZA M, MS

813

5634262

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 DEC 1 11:00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 07/25/2016 and assigned
Florida document number L16000139234

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:

12351 WITHERIDGE DR

(Principal office address **MUST BE A STREET ADDRESS**)

TAMPA, FL 33624

Enter new mailing address, if applicable:

12351 WITHERIDGE DR

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

TAMPA, FL 33624

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:

YUARDO MACHADO

New Registered Office Address:

12351 WITHERIDGE DR

Enter Florida street address

TAMPA

City

Florida 33624

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
P	GOMEZ, MARITZA M, MS	600 LAFAYETTE ST	<input type="checkbox"/> Add
		BEARDSTOWN, IL 33624	<input type="checkbox"/> Remove
		12351 WITHERIDGE DR	<input type="checkbox"/> Change
MGR	MACHADO, YUARD0	TAMPA, FL 33624	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

2018 DEC 14 A 11:00
 STATE OF FLORIDA
 TALLAHASSEE

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2016 DEC 14 A 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(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.

Dated 12.14.2016

Filing Fee: \$25.00