

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000233559 3)))



H160002335593ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

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.

P 4 3	Address			
	DOORDER			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ST TRUCK SERVICE LLC

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

SEP 2 1 2016

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

2816 SEP 20 PH 4: 40

COVER LETTER

TO: Registration So Division of Cot			
SUBJECT: STT	RUCK SERVICE LLC		
	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter	-	
	TRAVIESO, ARMA	ANDO L	
		Name of Person	
	ST TRUCK SERVI	CE LLC	3
		Firm/Company	
	3496 W WOODTR	USH ST	SEP 20
		Address	
	LECANTO, FL 344	161	AM IO: 23
		City/State and Zip Code	23
	Fmail address: (to be used for future annual report notifi	
For further information	concerning this matter, please c	all:	
TRAVIESO, AR	IMANDO L	at (813) 9925013	
	of Person	at (813) 9925013 Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	.ING ADDRESS:	STREET/COURIE	:R AUDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tullahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ST TRUCK SERVICE LLC	ter Company and Francisco	A STATE OF THE STA	
(Name of the Limited Liabil (A Florid	a Limited Liability Company	ents on our records.	
The Articles of Organization for this Limited Liability (Company were filed on _	09/13/2016	_ and assigned
Florida document number <u>L16000171034</u>	<u></u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company	here:	
The new name must be distinguishable and contain the words "Lin	in It is the Comment with	and a single state of the state	TOTAL PROGRAM
The new name must be distinguishable and comain the words. Lit	mied Thomis Combany, in	e designation and of the appro-	S S
Enter new principal offices address, if applicable:	•		יב טר
(Principal office address MUST BE A STREET ADD	RESS)		20
			5 3
Enter new mailing address, if applicable:			だ 選選
• · · · · · · · · · · · · · · · · · · ·		 	25-
(Mailing uddress MAY BE A POST OFFICE BOX)	-		
The Total william About which is a series and/on model	an and a figure of discount	vovde antov th	a name of the new
B. If amending the registered agent and/or registered agent and/or the new registered office ade		on our records, <u>enter tr</u>	ie name of the nev
1021311 ON RECHT SHOWS I THE REAL TOPONT OF THE VILLE HE			
Name of New Registered Agent:			
Nime of New Registered Agent.	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:		71 -1 - 12	
	Enter 1	Ilorida spect 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 abligations 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>	Name	Address	Type of Action
MGR	SOLIS COLON, XAVIER	3496 W WOODTRUSH ST	Add
		LECANTO, FL 34461	Remove
			Signango Signango
			2
			Add TEST STATE
			Rémove PAIR 22 SIR
			Remove
			Change
			Remove
			☐ Change
			Remove
			□ Change

. . .

. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
-		
-		
_		
-		
_		
-	,	-
-		_
-		
-	ज	-34
-	Sign of the state	
-	<u>``</u>	
-		
-		
-	C	<u>)</u> Ç
· <u>-</u>	the state of the s	_
-		
(If an eff Note:	lve date, if other than the date of filing: [cetive 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be learn's effective date on the Department of State's records.	605.0207 (3 listed as th
the rec) The	cord specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the eagon 90 th day after the record is filed.	riler of:
Dated	SEPT. 20 , 2016 .	
	Signature of a member or authorized representative of a member	-
	TRAVIESO, ARMANDO L	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00