Division of Corporations Electronic Filing Cover Sheet

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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAXMY'S CARRIER SERVICES

Account Number : 12004000007 : (305)640-0281 Fax Number : (305)640-0282

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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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UNITED TRUCK TRANSPORTATION, LLC

Certificate of Status	0
Certified Copy	0
l'age Count	01
Estimated Charge	\$25.00



AL 11-14-18

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	Registration Sed Division of Corp			
AND 111 111 21		RUCK TRANSPORTATION,		
SUBJEC	1:	Name of Lim	ted Liability Company	
The enck	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please re-	turn all correspo	ndence concerning this matter	to the following:	
		YOSMEL WASHINGTON	ę	
			Name of Person	
		UNITED TRUCK TRANS	PORTATION, LLC	in the second
			Fim/Company	- S 5
		123 W 37TH ST		Sold Control of the c
			S 2	
		HIALEAH FL 33012		SSEE SEE
		GAIL.LAXMYSCARRIER	City/State and Zip Code @GMAIL.COM	ORIC.
		E-mail address: (to be used for future annual report noti	fication)
For furth	er information c	oncerning this matter, please c	a:ll:	
LAXMY	'S CHACON		305 640-0281	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	l is a check for th	he 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)
	MAII	ING ADDRESS:	STREET/COUR	IER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Taliahnssee, 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

(Name of the Limited Llability (A Florida Li	Company as it new appear imited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Con Florida document number L16000215781	npany were filed on $\frac{117}{2}$.	28/2016 and a gned
This amendment is submitted to amend the following:		10 S
A. If amending name, enter the new name of the limite	d liability company he	re:
The new name must be distinguishable and contain the words "Limited	d Liability Company," the d	esignation "LLC" or the abbreviation LC.
Enter new principal offices address, if applicable:	636 E 42ND ST	
(Principal office address MUST BE A STREET ADDRE	SS) HIALEAH FL 3	3013
Enter new mailing address, if applicable:	636 E 42ND ST	
(Mailing address MAY BE A POST OFFICE BOX)	HIALEAH FL 3	3013
B. If amending the registered agent and/or registered agent and/or the new registered office address. Name of New Registered Agent: ROXAN	red office address on ss here: A VERDECI RAMOS	our records, enter the name of the
	INIIN CT	
New Registered Office Address: 636 E 42		nda strect address
HALEA	AH .	, Florida 33013
		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

UNITED TRUCK TRANSPORTATION, LLC

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>	Name	Address	Type of Action
MGR	YOSMEL WASHINGTON	123 W 37TH ST	m
		HIALEAII PL 33012	□ Add
			₩ Remove
			□ Change
MGR	ROXANA VERDECIA RAMOS	636 E 42ND ST	₽ Add
	· · · · · · · · · · · · · · · · · · ·	HIALEAH FL 33013	■ A00
	•		☐ Remove
			☐ Change
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			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	±:. 6
	The state of the s
	11/12/2018
If an c Note	(optional) (frective date, if other than the date of filing: (frective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
he re Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Date	NOV 12TH 2018
	Signature of authorized representative of a member
	Signature of a member of authorized representative of a member
	YOSMEL WASHINGTON

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Filing Fee: \$25.00