

12/4/2018

Division of Corporations

# Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LAXMY'S CARRIER SERVICES  
 Account Number : 120240000007  
 Phone : (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: gail.laxmy@carrier@gmail.com

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

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: UNITED TRUCK TRANSPORTATION 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:

ROXANA VERDECIA RAMOS

Name of Person

UNITED TRUCK TRANSPORTATION LLC

Firm/Company

123 W 37TH ST

Address

HAIALEAH FL 33012

City/State and Zip Code

GAIL.LAXMYSCARRIER@GMAIL.COM

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

For further information concerning this matter, please call:

LAXMY CHACON

305

640-0281

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 5327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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DIVISION OF STATE  
CORPORATIONS  
FLORIDA

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNITED TRUCK TRANSPORTATION 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 11/28/2015 and assigned  
Florida document number L16000215781.

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**)

123 W 37TH ST

HIALEAH FL 33012

Enter new mailing address, if applicable:

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

123 W 37TH ST

HIALEAH FL 33012

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:

YOSMEL BONET

New Registered Office Address:

123 W 37TH ST

Enter Florida street address

HIALEAH

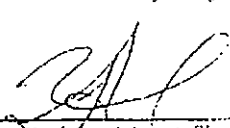
City

Florida 33012

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	YOSMEL BONEF	123 W 37TH ST	<input checked="" type="checkbox"/> Add
		HIALEAH FL 33012	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROXANA VERDECIA RAMOS	636 E 42ND ST	<input type="checkbox"/> Add
		HIALEAH FL 33013	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

(b) The 90th day after the record is filed.

Dated Dec 14<sup>th</sup>, 2018

Signature of a member or authorized representative of a member

ROXANA VERJECIA RAMOS

Typed or printed name of signee

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**Filing Fee: \$25.00**

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