

L17000008297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 FEB 22 A 9 26

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D. BRUCE  
FEB 22 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Top Choice Transporting Services 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:

Derrius Carroll

Name of Person

Top Choice Transporting Services LLC

Firm/Company

201 Simone way

Address

St. Augustine FL 32086

City/State and Zip Code

Carroll.Derrius@yahoo.com

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

For further information concerning this matter, please call:

Derrius Carroll

Name of Person

at ( 904 )

Area Code

325-2135

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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Top Choice Transporting Services "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 1/10/17 and assigned Florida document number L17000008297.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Top Choice Transporting Services LLC  
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)**

20 Bernard St.  
St. Augustine FL 32084

**Enter new mailing address, if applicable:**

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

201 Simone way  
St. Augustine FL 32086

**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:

Derrius Carroll

New Registered Office Address:

20 Bernard St.

Enter Florida street address

St. Augustine  
City

Florida

32084  
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	DERRIUS CARROLL	20 Bernard St. St. Augustine FL 32084	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please Add FEI/EIN Number (81-5053841)

page Added

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 1/10/17 (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated February 15TH, 2017

Derrius Carroll

Signature of a member or authorized representative of a member

DERRIUS CARROLL

Typed or printed name of signee



Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201

In reply refer to: 0441797761  
Feb 07, 2017 LTR 147C  
81-5053841

TOP CHOICE TRANSPORTING SERVICES LLC  
DERRIUS G CARROLL SR SOLE MBR  
20 BERNARD ST  
ST AUGUSTINE FL 32084-3204 202

Taxpayer Identification Number: 81-5053841

Form(s):

Dear Taxpayer:

Thank you for your telephone inquiry of February 7th, 2017.

Your Employer Identification Number (EIN) is 81-5053841. Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 7:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

Mrs. Espinoza  
29-88209  
Customer Service Representative