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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRUCKING PERMITS AND MORE LLC

Account Number : I20140000047 Phone : (813)774-4726

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MACHADOS TRANSPORT LLC

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		COVER LETTER	
Registration Division of C	Section orporations		
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	Tampa Tampa Takking para F-mull address:	Fl 33603. City/State and Zip Code nH3 and more a	gmail-com
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	Division of C MACHA Core closed Articles of return all corresponding to the corresponding	Name of Lesson Name of Lesson	Registration Section Division of Corporations MACHADOS TRANSPORT LLC CT: Name of Limited Liability Company Closed Articles of Amendment and fec(s) are submitted for filing. Touching Permit 1 Mane of Person Trucking Permit 2 Mane of Person Trucking Permit 3 Maddress Tampa Fl 33603. City/Slate and Zip Code Trucking permit 3 and more and mane and address: (to be used for future amount report and more and mane and ma

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

de ca

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MACHADOS TRANSPORT LI			•	i
(Name of the Li	mited Liability Comp (A Plotted Limited	any as it now annears on our rec	ords.)	<u>!</u>
The Articles of Organization for this Limited Florida document number L17000010124			•	d assigned
This amendment is submitted to amend the fo	ollowing:			
A. If amending name, enter the new name		oility company here:		
The new name must be distinguishable and contain the	words "Limited Liab.	ility Company," the designation "I	I (" or the abbreviation	1 1 1 1 1 1
Enter new principal offices address, if appl		4524 West Jean St	are or me admerigate	1
(Principal office address MUST BE A STRE		Tempa FL 33614		-
				7
Enter new mailing address, if applicable:		4524 West Jean St		<u> </u>
(Mailing address MAY BE A POST OFFICE	EBOX)	Tampa FL 33614	Ċ	1,1
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	Nor registered of office address here	:	ds, enter the nar	on ne of the new
New Registered Office Address:	1721 W Hillsho	rough Ave		1
		Enter Florida street addre	413	<u> </u>
	Tampa	F	lorida 33603	
New Registered Agent's Signature, if changing	Dealer and A	Clip	Zgp Co.	le .
l hereby accept the appointment as registere provisions of all statutes relative to the propactions of my position as registering filed to merely reflect a change in the company has been notified in writing of this	ed agent and agre wer and complete p istered agent us p registered office o change.	performance of my duties, a ravided for in Chapter 605, address, I hereby confirm the ing Segistered Audint, Signature	nd I am familia r v F.S. Or, if this do not the limited Itali	vith and cument is ility

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 MARIA SALAZAR 12351 WITHERIDGE DR .□ Aˈda TAMPA, FL 33624 Remove □ Change AR MACHADO, YUARDO R, SR 12351 WITHERIDGE DR TAMPA, FL 33624 . Remove _D Change Dannier Genora 4524 WEST JEAN STREET Myr. .≅ Add **TAMPA FL 33614** □ Remove Change _D Add ٤ : □ Remove ☐ Change Add A Remove _□ Change ___(___(___(. Remove □ Change

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Dated	1 //		9
	Masia 6 Sulosar		7
	Signature of a member authorized representative of a member	<u> </u>	<
	MARJA SALAZAR	益 !	4
	Typed or printed name of signed		
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