

L17000025909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

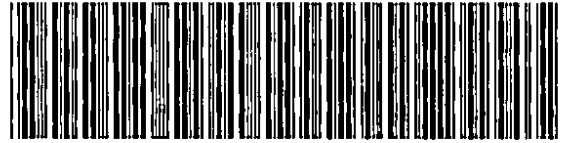
(Business Entity Name)

(Document Number)

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CLERK OF COURT

S. WARREN

DEC 28 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AC Freight Trucking LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Antonio Carvalho
Name of Person

AC Freight Trucking LLC
Firm/Company

2807 Ripley Avenue
Address

Jacksonville, FL 32207
City/State and Zip Code

Clauto19898@hotmail.com Clauto19898@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antonio Carvalho at (904) 576-5075
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

AC Freight Trucking 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 _____ and assigned Florida document number L170000293909

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)

2807 Ripley Ave
JACKSONVILLE, FL 32207

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Samp

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:

New Registered Office Address:

2807 Ripley Ave
Enter Florida street address
JACKSONVILLE, Florida 32207
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 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

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17 DEC 28 PM 2:28
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

MGR = Manager
AMBR = Authorized Member

FILED
17 DEC 28 PM 5:28
U.S. DISTRICT COURT
SOUTHERD DISTRICT OF FLORIDA
JAN 1 1929

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

Dated 12/28/17 .

Signature of a member or author

Signature of a member or authorized representative of a member

Antonio Carvalho

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
17 DEC 28 PM 2: 28
TALLAHASSEE, FLORIDA