

Division of Corporations Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ABG TRUCKING SERVICES LLC

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\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO : ARTICLES OF ORGANIZATION OF

abg trucking service s illc		
Name of the Umited Liability Cor	mpany as it now appears on our record ed Liability Company)	<u>is.)</u>
₩}		
The Articles of Organization for this Limited Liability Compa	any were filed on 03/10/2017	and assigned
Florida document number L17000060137		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	hability Company," the designation "LLC	I" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
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(Mailing uddress MAY BE A POST OFFICE BOX)		
	distant address on our conord	le anter the name of the n
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	here:	is, enter the bande or the b
repistered agent and/or the new registered state and/or	<u>.</u>	
		J
Name of New Registered Agenti		
New Registered Office Address:		
	Enter Florida straat addre	រន
U i	, F	lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>gent:</u>	
vi i i i i i i i i i i i i i i i i i i	lagree to act in this capacity. I to	urther agree to comply with t

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 Naw Registered Agent

	M	antar the title	noma and	address of	each nerson	heing added
If amending Authorized Person(s) auth	orised to Manage	, enter the title.	maine, and	andi Cas Of	Cach person	Denig made
or removed from our records:	NII					

<u>Title</u>	<u>Name</u>	Address	Type of Actio
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_____ Change

D. If amending any other information, enter change(s) here: (Attach additional sh	eets, if necessary.)
D. It amending any other information, enter change(s) were printed	
	
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	(optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than	n 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory ming required to the partition of State's records	mements, this date warping to instead as an
document's effective date on the Separation of State States	
	and 12:01 along on the parties of:
If the record specifies a delayed effective date, but not an effective time,	at 12:01 a,m, on the earter or.
(b) The 90th day after the record is filed.	
NOV 22	
Dated NOV 22	
Signature of a triprinber or authorized representative of a m	nembe:
BERNARDO AGUIAR GARCIA	
Typed or printed name of signee	

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