

L17 0000 64610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

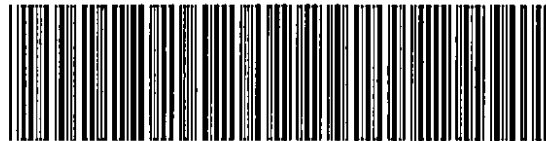
(Business Entity Name)

(Document Number)

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2019 11 12 PM 12:13

R. WHITE
NOV 13 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Tractor Diesel Industries 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:

Katerina Cedeno Caballeros

Name of Person

Firm/Company

2509 St. Augustine Boulevard

Address

Haines City, FL 33844

City/State and Zip Code

mcedeno@tracto-diesel.com.ec

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

For further information concerning this matter, please call:

Yaskaira Cruz Columna

Name of Person

at (407)

Area Code

507-2686

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 9, 2019

KATERINA CEDENO CABALLEROS
2509 ST. AUGUSTINE BLVD
HAINES CITY, FL 33844

SUBJECT: TRACTOR DIESEL INDUSTRIES, LLC
Ref. Number: L17000064610

We have received your document for TRACTOR DIESEL INDUSTRIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 719A00020754

2019 OCT 12 PM 2:05

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

2015.12.12 PM 12:13

Tractor Diesel Industries 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 3/21/2017 and assigned
Florida document number L17000064610

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:

2509 St. Augustine Boulevard

Haines City, FL 33844

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

2509 St. Augustine Boulevard

Haines City, FL 33844

(Mailing address MAY BE A POST OFFICE BOX)

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:

Katerina M Ceden Caballero

New Registered Office Address:

2509 St. Augustine Boulverd

Enter Florida street address

Haines City

Florida

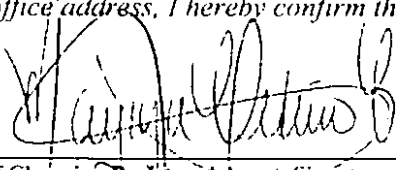
33844

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

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	Katerina Ceden0 Caballeros	7 N Vernon Ave	<input type="checkbox"/> Add
		Kissimmee, FL 34741	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Katerina M Ceden0 Caballero	2509 St. Augustine Boulevard	<input checked="" type="checkbox"/> Add
		Haines City, FL 33844	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

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 09-18

2019
Maurice Desrosiers

Signature of a member or authorized representative of a member

Typed or printed name of signee
Katerina Mayra Cedeño Caballero

Typed or printed name of signee