Division of Corporations

8/21/19, 2-03 PM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

| To: | | | | | |
|-----------|-----------------|--|------|----------|--------|
| | Division of Cor | rporations | | | |
| | Fax Number | : (850)617-6383 | • | (E) | |
| | | | • • | - | |
| From: | | | | 753 3 | |
| | Account Name | : TRUCKING PERMITS AND MORE LLC | | | |
| | Account Number | : I20140000047 | | \sim | f i |
| | Phone | : (813)774-4726 | | | |
| | Fax Number | : (813)877-2186 | | ~ [1] | (|
| | | | - | Ň | |
| | | this business entity to be used Enter only one email address plea | | | • |
| Email Add | ress: | | | | |

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

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

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Page 1 of 2

COVER LETTER

| | egistration Sec ivision of Corp | | | |
|--------------------------|------------------------------------|---|---|---|
| ~ ~ | | RUCKING SERVICES LLC | | |
| SHRUFC I | * | Name of Lini | ed Liability Company | |
| | | hand the second the second to the second to | ulus 2 for Clino | |
| | | Amendment and fee(s) are subt | | |
| Please retu | rn all correspor | idence concerning this matter t | o the following: | |
| | | MYRIAM VARGAS | | · |
| ٠ | | | Name of Person | |
| | | | Firm/Company | |
| | | 1721 W HILLSBOROUG | LAVE | |
| | | | Address | |
| | | TAMPA FL 33603 | | |
| | | | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report notif | ication) |
| For furthe | r information c | oncerning this matter, please c | dl: | |
| MYRIAN | 4 VARGAS | | 813 774-4726 at () Area Code Daytime | |
| | Name o | f Person | Area Code Daytine | : Pelephone Number |
| Enclosed | is a check for th | he following amount: | | |
| \$25.0 | 0 Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee &. Certified Copy (additional entry is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional cupy is enclosed) |
| | | ING ADDRESS: | STREET/COURT Registration Section | |
| Division of Corporations | | Division of Corpor | ations | |

P.Q. Box 6327 Tallahassec, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ACANDA TRUCKING SERVICES LLC | · | |
|--|--|--|
| (Name of the Limited Liability Compan (A Florida Limited L | ov as it now appears on our records,) lability Company) | |
| The Articles of Organization for this Limited Liability Company v Florida document number L17000690262 | were filed on 04/24/2017 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liable | lity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabili | ty Company," the designation "LLC" of | the abbreviation L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | <u> </u> |
| | | 2 1 |
| | | |
| - W 11 26 C 11. | | |
| Enter new mailing address, if applicable: | | <u> </u> |
| (Muiling address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: | fice address on our records, | enter the name of the nev |
| New Registered Office Address: | | |
| THE PROPERTY SAID ASSOCIATION | Enter Florida street address | |
| | . Flori | da Zip Code |
| ************************************** | Cav | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p heing filed to merely reflect a change in the registered office | performance of my duties, and provided for in Chapter 605, F. | t am familiar with and S. Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

MGR = Manager

AMBR = Authorized Member

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| lite | <u>Name</u> | Address | Type of Action |
|------|-----------------------|---|--------------------|
| MGR | LIZETTE GUERRA BARBAN | 7907 SIERRA PALM PL UNIT 202 TAMPA FL 33615 | Add |
| - | | | |
| | | | Charles |
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| | | | : 3 |
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| , If am | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | | , | |
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| Note | 8/21/2019 ctive date, if other than the date of filing: (optional) therive date is listed, the date must be specific and connect be prior to date of filing or more than 40 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date a ment's effective date on the Department of State's records. | Pursiia ill no | ot to 605.02 t be listed | 207 (3)(as the |
| If the re (b) Th | ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. compared to the record is filled. | n the | earlier | of: |
| Date | 3 8/2/19 | | | |
| | | | | |
| | Signature of a member or authorized representative of a member | | | |

Page 3 of 3

lyped or printed name of signor

ARIAS ACANDA, JAVIER J

Filing Fee: \$25.00