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2017 OCT - 5 PH 1: 24

OCT OF 2017
J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sony Trucking 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:
Sony Pierre. Name of Person
Sony Trucking LLC
2693 Marianna Way #304
1MMOKa/ee, F1, 34/42 City/State and Zip Code
E-mail address: (to be used or future annual report notification)
For further information concerning this matter, please call:
Sony Pierre at (833) 8/7-3926 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number	ny were filed on $6/12/2017$ and assigned Z
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Li	ability 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)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P P P 2
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the neere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
Now Projectured Agent's Signature if changing Registered Age	nt.

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 Type of Action Title Sony Pierre 2693 Harianne Way #304 Immokalee, 1 34142 ☐ Remove Change _□ Add □ Remove ☐ Change _ 🗀 Add ☐ Remove _□ Change 🚣 🗆 Change 🔗 ☐ Remove _□ Change □ Add ☐ Remove

☐ Change

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factive date if other than the	date of filing	(ontional)
in effective date is listed, the date mu	date of filing:st be specific and cannot be prior to date of filing or more than 90	days after filing.) Pursuant to 605.020
ote: 11 the date inserted in this blocument's effective date on the D	ock does not meet the applicable statutory filing requirent epartment of State's records.	nents, this date will not be listed a
	d effective date, but not an effective time, at	12:01 a.m. on the earlier of
The 90th day after the rec	ord is filed.	
10/2/17		-:·
ated <u>10/3//7</u>	·	2017
(/	7/1/2	2017 OCT
	Signature of a member or authorized representative of a memb	Der J
	Sany Riance	in to
*************************************	Sony Bianne Typed or pinted name of signee	- mg * 1
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Filing Fee: \$25.00