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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRUCKING PERMITS AND MORE LLC

Account Number : I20140000047 Phone : (813)774-4726 Fax Number : (813)877-2186

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

EGJ TRANSPORT LLC

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## **COVER LETTER**

TO				
SU	BJECT:	Name of Limi	ted Liability Company	<u></u>
The	e enclosed Articles of /	Amendment and fee(s) are subr	nitted for filing.	
Ple	ase return all correspor	idence concerning this matter t	o the following:	
	Division of Corporations  EGJ TRANSPORT LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all conespondence concerning this matter to the following:  MYRIAM VARGAS    Name of Person			
			Name of Person	
		1721 W HILLSBOROUGE		
		TAMPA FL 33603	Address	<del></del>
			City/State and Zip Code	<del></del>
		E-mail address: (1	o be used for future annual report notifi	cation)
Division of Corporations  EGJ TRANSPORT LLC  SUBJECT:  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all conespondence concerning this matter to the following:  MYRIAM VARGAS  Firm-Company  1721 W HILLSBOROUGH AVE  Address  TAMPA FL 33603  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  MYRIAM VARGAS  813  7744726  Area Code  Daytime Telephone Number 1 S25.00 Filing Fee & Certificate of Status  Certificate of Status  Certificate Copy  Ce				
М	YRIAM VARGAS			
	Nume of	Person	Area Code Daytime	Telephone Number
Enc	closed is a check for th	e following amount:		
	\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS: Registration Section Division of Corporations P.O. Bux 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

EGJ TRANSPORT LLC			
(Name of the Limited Lia) (A Flor	bility Compar rida Limited L	ny as it now appears on our record hability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Florida document number	y Company	were filed on 6/27/17	and assigned
This amendment is submitted to amend the following	::		8 3
A. If amending name, enter the new name of the li	<u>imited liabi</u>	lity company here:	8 1 EB
The new name must be distinguishable and contain the words "I	Limited Liabil	ity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		4402 POMPANO DRIVE	2- 0
(Principal office address MUST BE A STREET AD.	DRESS)	TAMPA FL 33617	
Datas and action of the Strawbookler		4402 POMPANO DRIVE	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		TAMPA FL 33617	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	iddress bero	Tice address on our records	s, enter the name of the ne
Name of New Registered Agent:		-	
New Registered Office Address:	21 W HILLS	BOROUGH AVE	
<del></del>		Enter Florida street addres	
	СМРА —————		orida 33603
		City	Zip Codr

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

To: Page 5 of 6

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>Name</u>	Address	Type of Action
GARCIA JAUREGUI, EDIS	4402 POMPANO DRIVE	
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		:32: :TO
ective date, if other than the date of filing:	of filing or more than 90 days after filing.) Pursu	лыт to 605.0
te: If the date inserted in this block does not meet the applicable stacument's effective date on the Department of State's records.	atutory filing requirements, this date will n	of he listed
cument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an e	effective time, at 12:01 a.m. on th	ne earlier
The 90th day after the record is filed.		
ted October 11 2018		
Edis Garcia Jauregui		
Signature of a member or authorized r	representative of a member	
<b>Q</b>	•	

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Filing Fee: \$25.00