

L17000161648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

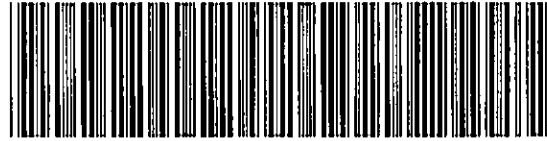
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 AUG 24 PM 5:01  
TALLAHASSEE FL

7 BRUCE  
OCT 08 2020

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** M & L 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:

Michael Maliszewski

\_\_\_\_\_  
Name of Person

M & L Trucking LLC

\_\_\_\_\_  
Firm/Company

14897 ELLINGSWORTH LN

\_\_\_\_\_  
Address

WINTER GARDEN FLORIDA 34787

\_\_\_\_\_  
City/State and Zip Code

Luceecastor333@gmail.com

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

For further information concerning this matter, please call:

LUCE CASTOR

1  
at ( )

407 222 6501

\_\_\_\_\_  
Name of Person

Area Code

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2020 AUG 24 PM 5:01  
FILED  
TALLAHASSEE, FL  
SECRETARY OF STATE

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

M & L TRUCKING 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 07/28/2017 and assigned  
Florida document number L17000161648.

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:**

14897 Ellingsworth LN, Winter Garden Florida 34787

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

14897 Ellingsworth LN, Winter Garden Florida 34787

**(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:

New Registered Office Address:

14897 Ellingsworth LN

*Enter Florida street address*

Winter Garden

*City*

Florida

34787

*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

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SOUTHERN  
FALL HARBOR, FL

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>
AMBR	Michael Maliszewski	14897 Ellingsworth LN,	<input type="checkbox"/> Add
		Winter Garden, Fl 34787	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

2020 AUG 24 PM 5: 01  
SHOREVIEW, FL  
TALLAHASSEE, FL

FILED  
2020 AUG 24 PM 5:01  
SHREVEPORT, LA  
JALLAHABSEE, FL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 18, 2020

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

**Michael T Maliszewski**

Typed or printed name of signee