Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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	Division of Cor Fax Number	: (850)617-6383	AHA
From:		Y	* * * * * * * * * * * * * * * * * * *
	Account Name	: TRUCKING PERMITS AND MORE LLC	<u> </u>
	Account Number	: I20140000047	_
	Phone	: (813)774-4726	•
	Fax Number		7

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRUCKING L&A, LLC.

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S. WARREN DEC 0 6 2017

COVER LETTER

	Registration Sec Division of Corp			
SUBJEC	TRUCKING	L&A LLC		
SCOJEC	·•:	Name of Limi	ted Liubility Company	
The encle	osed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please re	tum all correspor	ndence concerning this matter t	to the following:	
		AGUIAR, LUIS A		
			Name of Person	
		TRUCKING L&A LLC		
			Firm/Company	
		235 SW HONEYCOMB C	OURT	
			Address	
		FORT WHITE, FL 32038		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	cation)
For furth	er information c	oncerning this matter, please co	all:	
AGUIAI	R, LUIS A		\$63 2108835	
	Name o	Person	at ()	Telephone Number
Enclosed	l is a check for th	e following amount:		
□ \$25.	00 Filing Fee	☐ \$30.00 Filing Fcc & Certificate of Status	S55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRUCKING L&A LLC		
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number L17000234554	were filed on 11/13/2017	and assigned
This amendment is submitted to amend the following:	ي. دي	
A. If amending name, enter the new name of the limited liab	• • •	
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal utilices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new mailing address, if applicable:		
Muiling address MAY BE A POST OFFICE BOX		
B. It amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	<u>e</u> :	of the name of the r
	Enter Florida street address Florid	9: 0: 10:88 10:88
	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:

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MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
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16 30(in day an	ter the re	cord is filed.					
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