

LI7000235708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

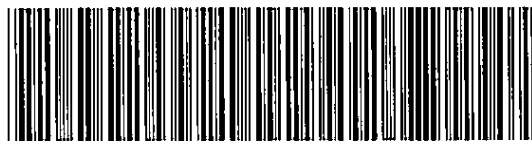
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300317640193

09/05/18--01010--020 **25.00

18 SEP -5 PM 6:20

SEP 11 2018
S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STC TRUCK SERVICES 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:

GILVANA Y AVILA TOVAR
Name of Person

STC TRUCK SERVICES LLC
Firm/Company

730 CENTRAL FLORIDA PARWAY
Address

ORLANDO, FLORIDA 32824
City/State and Zip Code

GILVANA.RTP@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GILVANA Y AVILA TOVAR at (6 1 9) 3 1 9 0 6 8 3
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO
ARTICLES OF ORGANIZATION
OF

STC TRUCK SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

18 SEP 15 PM 6:20

The Articles of Organization for this Limited Liability Company were filed on 11/14/2017 and assigned
Florida document number L17000235708

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 1937

WINDERMERE, FLORIDA

34786

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:

GILVANA Y AVILA TOVAR

New Registered Office Address:

730 CENTRAL FLORIDA PARKWAY

Enter Florida street address

ORLANDO

City


Florida

32824

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>GILVANA Y AVILA TOVAR</u>	<u>730 CENTRAL FLORIDA PARKWAY</u>	<input checked="" type="checkbox"/> Add
		<u>ORLANDO, FLORIDA 32824</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>TRILHA FILHO, WILSON H</u>	<u>730 CENTRAL FLORIDA PARKWAY</u>	<input type="checkbox"/> Add
		<u>ORLANDO, FL 32824</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>PARRA, MARCO A</u>	<u>730 CENTRAL FLORIDA PARKWAY</u>	<input type="checkbox"/> Add
		<u>ORLANDO, FL 32824</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

Lined area for text entry.

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 27th, 2018.

Signature of a member or authorized representative of a member
Gilvana

GILVANA Y AVILA TOVAR

Typed or printed name of signee

18 SEP -5 PM 6:20