Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRUCKING PERMITS AND MORE LLC

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

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 ONEL PEREZ TRANSPORTATION LLC

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TO: Registration Section

COVER LETTER

Division of Co	rporations		
ONEL PE SUBJECT:	REZ TRANSPORTATION LL	C -	
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amondment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	PEREZ GUERRA, ONEL		
		Name of Person	
	ONEL-PEREZ TRANSPO	RTATION LLC	
		Finu/Company	
	6201 N COOLIDGE AVE		
		Address	· ·
	TAMPA, FL 33614		
	and harvest OR 16, and it areas	City/State and Zip Code	
	onelperez! 984/q/gmail.com	to be used for future annual report not	(Control)
For further information	concerning this matter, please c		
PEREZ GUERRA, OST		813 5519082 at ()	w Telephone Number
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	El \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi P.O. E	ING ADDRESS: ration Section on of Corporations fox 6327 assire, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3.	on erations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONEL PEREZ TRANSPORTATION LLC		
(<u>Name of the Limited Llability Compa</u> (A Florida Limited I	ny as it now appears on eliability Company)	ur records.1
The Articles of Organization for this Limited Liability Company Florida document number L17000257654	were filed on $\frac{01/01/20}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designs	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<u>,</u> -
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
	(1-2-1) Carlo (2-1) (1-2-1) (1	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Emer Florida str	
 	City	, FloridaZip Code
New Registered Agent's Signature, if changing Registered Agent:	City	Elp Code
		in I finish an upung sa gamaha sairib sha
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my a provided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is
1f Chan	oing Registered Agent. S	ignature 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	HERNANDEZ CORRALES, ANA	620) N COOLIDGE AVE	■ Add
		TAMPA, FL 33614	= //(0
		77M17A, FQ 33014	□ Remove
			□ Change
			□ Remove
			□ Change

			🖸 Remove
			☐ Change
			□ Add
			☐ Remove
			□ Change
		· · · · · · · · · · · · · · · · · · ·	Add
			□ Remove.
			□ Change
			□ ∧dd
			☐ Remove
		No. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	☐ Change

. If amending any other information, enter change(s) here: (Attach addin	ional sheets, if nevessary.)
••••••••••••••••••••••••••••••••••••••	
<u>-</u>	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and earnot be prior to date of filing or r	(optional)
Note: If the date inserted in this block does not meet the applicable statutory filin document's effective date on the Department of State's records.	ng requirements, this date will not be listed as the
the record specifies a delayed effective date, but not an effective). The 90th day after the record is filed.	time, at 12:01 a.m. on the earlier of:
Dated 5/29/2019 2019	*.~
αD	
Signature of a member or authorized representative	e of a member
ONEL PEREZ GUERRA	

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Typed or printed name of signee

Filing Fee: \$25.00