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(((H220003603813)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ä

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.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WALK SAFE D&E LLC

Certificate of Status	0
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Page Count	04
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OCT 25 2022

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## COVER LETTER

	gistration vision of C	Section Corporations		
end neet		SAFE D&E ULC		
SUBJECT		Name of Limit	ted Liability Company	
The enclose	ed Articles	of Amendment and fec(s) are subt	nitted for filing.	
Please retur	m all corre	spondence concerning this matter t	n the following:	
		GARCIA VALDES, DIAN	I	
		<del></del>	Name of Person	unic a la mara a principa de de la granda que propria de la compansión de
		WALK SAFE DÆE LLC		
		19-19	Firm/Company	
		4531 W KNOLLWOOD S		
		·	Address	
	TAMPA, FL 33614			
			City/State and Zip Code	
		DIANGARCIA	.55@GMAIL.COM o be used for future annual report n	otification)
For further	informatio	n concerning this matter, please ca		onteanony
GARCIA '			\$13 9650989	
	Nan	ne of Person		line Telephone Number
Enclosed is	s a check fo	the following amount:		
X \$25.00	) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ S60.00 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		

To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WALK SAFE D&E LLC

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

(A Florida Limited Liability Company)

of Organization for this Limited Liability Company were filed on 01/16/2018 and a LISO00014450

The Articles of Organization for this Limited Liability Company	were filed on 01/16/2018	and assigned	
Florida document númber L18000014490			
This amendment is submitted to amend the following:			
A. It amending name, enter the new name of the limited liab	ility company here:		
ULTRA PLEASANT HOME LLC			
The new name must be distinguishable and contain the words "Limited Liabil	fity Company," the designation "I.	LC" or the abbreviation "L L.C."	
Enter new principal offices address, if applicable:		2022 OC	_
(Principal office address MUST BE A STREET ADDRESS)			
		<u> </u>	
* :		<u>.</u>	
Enter new mailing; address, if applicable:		PH 12	5
(Mailing address MAY BE A POST OFFICE BOX)		7.7.	
:			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new regis	stered
agent and/or the new registered diffee address here.			
Name of New Registered Agent:			
Name of New Registered Agent.			<del></del>
New Registered Office Address:	Enter Florida street ad	dress	***
·	City	Florida Zip Code	<del>_</del>
New Registered Agent's Signature, if changing Registered Agent:	j	•	
		1.6. 1	el. el. =

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:

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2022-10-22 13:41:13 GMT

18132001959

From: Trucking Permits And More LLC

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>l'itle</u>	Name	Address	Type of Action
	:		□Remove
			Change
			🗀 Add
			□Remove
	:		□Change
			∐Add
			□ Re;move
	:		Change
			□Add
			[]Remove
	:		Change
			□Add
			□Remove
	·		ClChange
			□Add
•			() Remove
	:		ElChange

18132001059

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GARCIA VALDES, DIAN

Typed or printed name of signee