

LIB000019914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

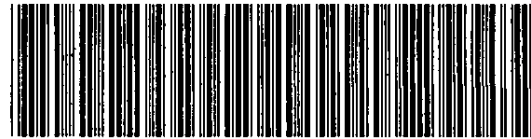
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500311416955

04/09/18--01025--017 **25.00

FILED
2018 APR -9 A 11:53
TOLSON/ROSE/FLANDERS

FILED

4/12/18

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROAD ANTS 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:

TRUCK PERMITS/ MAYLEN FALCON

Name of Person

EXTREME QUALITY GROUP INC

Firm/Company

780 THORPE RD. SUITE 2

Address

ORLANDO FL 32824

City/State and Zip Code

extremequalitygroup@outlook.com

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

For further information concerning this matter, please call:

TRUCK PERMITS / MAYLEN FALCON

at (407)

9852417

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

2010 APR -9 A 11:58

FILED

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

(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 01/23/18 and assigned
Florida document number L18000019914.

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:

7419 SW 152 AVE APT 102

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33193

Enter new mailing address, if applicable:

7419 SW 152 AVE APT 102

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL 33193

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:

Enter Florida street address

Florida

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	NEYSA MORALES GONZALEZ	7419 SW 152 AVE APT 102	<input type="checkbox"/> Add
		MIAMI FL 33193	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	HECTOR P LOPEZ	7419 SW 152 AVE APT 102	<input type="checkbox"/> Add
		MIAMI FL 33193	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2018-09-11 11:58
 RECEIVED
 2018-09-11 11:58
 RECEIVED
 2018-09-11 11:58
 RECEIVED

2010 APR -9

(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.

Signature of a member or authorized representative of a member

Typed or printed name of signee