

L180000041576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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05/27/21--01022--017 **25.00

2021 MAY 27 PM 12:59

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MATOS TRUCKING LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLOS O. MATOS-RODRIGUEZ

Name of Person

MATOS TRUCKING LLC

Firm/Company

211 HALLIDAY PARK DRIVE

Address

TAMPA, FL 33612

City/State and Zip Code

NOMYSLOGISTICS@GMAIL.COM

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

For further information concerning this matter, please call:

CARLOS O. MATOS-RODRIGUEZ

813

507-7192

at (_____) _____

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

MATOS TRUCKING LLC

(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 02/15/2018 and assigned
Florida document number L18000041576.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NoMy's Logistics LLC

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)

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:

2018 FEB 27 PM 12:59

MGR = Manager
AMBR = Authorized Member

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2021 MAY 27 PM 1:00

(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.

Dated MAY 6TH, 2021

Carlos Mateo
Signature of a member or authorized representative of a member

CARLOS O. MATOS-RODRIGUEZ

Typed or printed name of signee

Filing Fee: \$25.00