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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 16 2019

T SCHROEDER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A & AC TRUCKS 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:

HERNANDEZ SEPULVEDA AUGUSTO A

Name of Person

A & AC TRUCKS LLC

Firm/Company

4907 SW 140 TH TERR

Address

MIRAMAR FL 33027

City/State and Zip Code

aactruck18@gmail.com

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

For further information concerning this matter, please call:

DE CASTRO ALCAL, MARCO A GARCIA

786 3954101
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

A & AC TRUCKS 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 03/02/2018 and assigned
Florida document number 82-4707702.

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)

7631 NW 102 ND PL

DORAL FL 33178

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7631 NW 102 ND PL

DORAL FL 33178

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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:

DE CASTRO ALCALA, MARCO GARCIA A

New Registered Office Address:

7631 NW 102 ND PL

Enter Florida street address

DORAL

City

Florida 33178

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.

MARCO A GARCIA

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>
MGR	HERNANDEZ SEPULVEDA, AUGUSTO A		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DE CASTRO ALCALA MARCO GARCIA A		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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.

Dated 04/08, 2019

MARCO A GARCIA
Signature of a member or authorized representative of a member

Typed or printed name of signee