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COVER LETTER

TO: Registration So Division of Cor		
D&P Truck	king LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspond	ondence concerning this matter to the following:	
	Daliana Pino	
	Name of Person	
	D&P Trucking LLC	
	Firm/Company	<u> </u>
	3601 30 th Ave N Apt 10	
	Address	
	St Petersburg Florida 33713	
	City/State and Zip Code	
	dalipn97@gmail.com	
	E-mail address: (to be used for future annual report	notification)
For further information c	oncerning this matter, please call:	(C)
Daliana Pino	727 3202716 at ()	
Name o		sytime Telephone Number
Enclosed is a check for the	he following amount:	The same of the sa
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status &

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

D&P Trucking LLC			
(Name of the Limited I (A F	.iability Company as it now appears on our records. Florida Limited Liability Company))	
The Articles of Organization for this Limited Liabil	lity Company were filed on _03-05-2018	and ass	signed
Florida document number L18000058209			
This amendment is submitted to amend the following	ng:		
A. If amending name, <u>enter the new name of the</u>	e limited liability company here:		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC"	or the abbreviation "L.	L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(IDDRESS)		
		 	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	X)		·
Transing marcos Mill DD N 1 OH O' 1 ICH DO		-	
•			
B. If amending the registered agent and/or		enter the name	of the new
registered agent and/or the new registered office	e address here:		
None of Nov. Desistand Acent.			LOS ME
Name of New Registered Agent:			popreture.
New Registered Office Address:	Enter Florida street address		Ki seras
			1 5 6
_	, Flor	rida	School School
New Registered Agent's Signature, if changing Regi			
•		(C)	alas assiela ela a
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a			
accept the obligations of my position as register	red agent as provided for in Chapter 605, F	S. Or, if this docu	iment is
being filed to merely reflect a change in the regi company has been notified in writing of this cha		t the limited liabili	ity
	····o		

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>	Address	Type of Action
MGR	Daliana Pino	3601 30 Th Ave N Apt. 10 ST Petersburg 33713 FI	Add
			□ Remove
		4	Change
AMBR	Daliana Pino	3601 30 Th Ave N Apt .10 St Petersburg 33713 FI	Add
			Remove
			Change
			□ Add
			☐ Remove
			Change
			□ Add
		Francisco (Marie Control of Contr	Change
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			Change

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ctive d	ate, if other than the date is listed, the date must	date of filing:	41	cci:	(option	al)	. n. e. u
<u>e:</u> If th	date inserted in this blo	ock does not meet t	he applicable sta	n tung or more than tutory filing requir	ements, this d	ing.) Pursuai ate will not	nt 10 605.0 : be listed
ument's	effective date on the De	partment of State'	s records.		-	-ı ∧ ≎	ı
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-		Signature of a memb	er or authorized re	presentative of a me	mber		0

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Filing Fee: \$25.00