

5/28/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

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.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BORRAS TRUCK LLC**

Certificate of Status	0
Certified Copy	0
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MAY 29 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BORRAS TRUCK LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

BORRAS, JUAN C

Name of Person

BORRAS TRUCK LLC

Firm Company

2719 W SAINT CONRAD SR

Address

TAMPA, FL 33607

City/State and Zip Code

anajeb150509@yahoo.com

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

For further information concerning this matter, please call:

BORRAS, JUAN C

813

5625267

Name of Person

at (_____) _____
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

APPROVED
AND
FILED

2019 MAY 28 AM 11:11

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOKRAS TRUCK 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 03/19/2018 and assigned
Florida document number L18000671040

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:

5817 PALM RIVER RD

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FL 33619

Enter new mailing address, if applicable:

5817 PALM RIVER RD

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA, FL 33619

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AND
FILED
2019 MAY 28 AM 11:11
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF HILLSBORO, FLORIDA

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

City

Florida

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>
MGR	BORRAS, JUAN C	2719 W SAINT CONRAD SR	☐ Add
		TAMPA, FL 33607	☒ Remove
			☐ Change
MGR	BORRAS, JOSE ANGEL	5817 PALM RIVER RD	☒ Add
		TAMPA, FL 33619	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ 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 5-28 2019

Signature

Signature of a member or authorized representative of a member

BORRAS, JUAN C

Typed or printed name of signee