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(((H18000146622 3)))



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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 mentity to be used for future, annual report mailings. Enter only one remail address please. **

Email Address:

LLC AMND/RESTATE/CORRECTOR M/MG RESIGN Y&PERES TRUCKING LLC

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K. SALY MAY 1 6 2018

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Corporate Filing Menu

Help

COVER LETTER

	egistration Secion Science (corporate)				
		TRUCKING LLC			
SUBJECT: Name of Limited			ited Liability Company		
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for tiling.		·
Please retu	irn all correspo	ndence concerning this matter	to the following:		
		PEREZ CARDENAS, YA	1 1.2 2 2 1 NET		,
			Name of Person		
		Y&PERES TRUCKING L	·		
			Firm/Company		"¿C
		23315 WHITMAN ROAD			<u>-</u> .
			Address		
		BROOKSVILLE, FL 3460)		
		YDALMIS005@GMAIL.C	City/State and Zip Code OM to be used for future annual report notif	ication)	
For further	information co	oncerning this matter, ptease ca			
PEREZ CA	ARDENAS, Y	ANET	863 8990035 at ()		
	Name of	Person		Telephone Number	
Enclosed is	s a check for th	e following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	口 \$55.00 Filing Fe产& Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional conv is enclosed)	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

OM: Trucking

FILED

SECRETARY OF STATE

ALLAMASSEE FLORIDA

LC.

Y&PERES TRUCKING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The A	rticles of Organization for this Limited Liability	y Company were filed on 04/11/2018	and assigned
Florida	a document number <u>L18000091025</u>	25	<u>.</u>
This a	mendment is submitted to amend the following	ÿ.	
A. If	amending name, <u>enter the new name of the l</u>	imited liability company here:	
The nes	v name must be distinguishable and contain the words "l	Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter	new principal offices address, if applicable:		
(Princ	<u>sipal office address MUST BE A STREET AD</u>	DRESS)	
.	and the second second		
	new mailing address, if applicable:	- <u>Ne es</u>	
(NIAIII	ing address MAY BE A POST OFFICE BOX)	*.	
	f amending the registered agent and/or re ered agent and/or the new registered office a		enter the name of the new
	Name of New Registered Agent:		
	New Registered Office Address:		
		Finer Florida street address	
	·	, Flori	
		City	Zm 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

Mr. i

30

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>	Name	Address	Type of Action
MGR	RODRIGUEZ BEOVIDES, ALEXANDER	23315 WHITMAN ROAD	≅ Add
	,	BROOKSVILLE, FL 34601	☐ Remove
			Change
			
			—————————————————————————————————————
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