# 11800129852

(1	Requestor's Name)	
(	Address)	
(	Address)	
	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(	Business Entity Name)	
	Document Number)	
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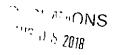


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SECRETARY OF STATE

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## **COVER LETTER**

Division of Co	orporations		
MAS DEI	IVERY TRUCKING LLC		
	Name of Li	mited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	YOAN J ROMEO		
		Name of Person	
	MAS DELIVERY TRUC	CKING LLC	
		Firm/Company	<del></del>
	2400 SW 85 TERR		
		Address	<del></del>
	MIRAMAR, FL 33025		
		City/State and Zip Code	<del></del>
	analramos1123@gmail.o		
For firebox information		to be used for future annual report notifi	cation)
	oncerning this matter, please c	rall:	
YOAN J ROMEO		305 588-9968	
Name o	f Person		Telephone Number
Enclosed is a check for the	ne 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:

TO:

Registration Section

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

#### MAS DELIVERY TRUCKING LLC

(Name of the Lim	ted Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited I Florida document number L18000129852	iability Company were filed on 05	and assigned
This amendment is submitted to amend the fol	lowing:	6
A. If amending name, enter the new name of	of the limited liability company h	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the c	esignation "LLC" or the able viation "L.L.C."
Enter new principal offices address, if appli-	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable:		23
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	or registered office address on flice address here:  YOAN J ROMEO	our records, enter the name of the ne
Timine of New Registered Agent.		
New Registered Office Address:	2400 SW 85 TERR	
		ida street address
	MIRAMAR	, Florida 33025
	City	Zip Code
New Registered Agent's Signature, if changing l	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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Miguel A Serpa	2400 SW 85 TERR	
		Miramar, FL 33025	■ Remove
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			April
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fective date, if other	than the date of fili	ng:		(optional)
in effective date is listed, th	he date must be specific as	and cannot be prior to d	ate of filing or more than	90 days after filing.) Pursuant to 605.0 cments, this date will not be listed
cument's effective date	on the Department of	State's records.		omond, the date will not be iisaed
record specifies a The 90th day after	delayed effective	date, but not a	n effective time, a	t 12:01 a.m. on the earlier
ine sour day arter	the record is filed	1.		
07/20	12018			
ted $\frac{x}{\sqrt{2}}$	120,00	-,,		
	1) 1/25			
~				
X	Signature of a	member or authorize	d representative of a men	nber

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Filing Fee: \$25.00