

L18000196793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

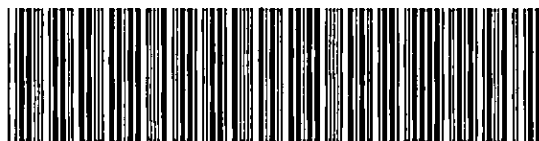
(Business Entity Name)

(Document Number)

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DEC 13 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tonka Trucking 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:

Kenia Acosta
Name of Person
Mas Quality Services Inc
Firm/Company
7951 Bird Road Ste 204
Address
Miami FL 33155
City/State and Zip Code
masqualityservices@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenia Acosta at (305) 226-2555
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**

Tonka Trucking 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 8/16/18 and assigned
Florida document number L18000196793

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)

475 EAST 26 ST Apt #3
Hialeah FL 33013

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

475 EAST 26 ST Apt #3
Hialeah FL 33013

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:

MARISOL ALVAREZ Gonzalez

New Registered Office Address:

475 EAST 26 ST Apt #3

Enter Florida street address

Hialeah

City

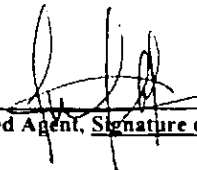
Florida

33013

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	Marisol Alvarez	475 EAST 26 ST Apt #3	☐ Add
	Gonzalez	Hiialeah Fl 33013	☒ Remove
			☐ Change
MGR	Caridad Carmen	475 EAST 26 ST Apt #3	☒ Add
	Te	Hiialeah Fl 33013	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Change

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12/05/18

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

12/05, 2018

Director of authorized

Marisol Alvarez Gonzalez
Typed or printed name of signee