



2018-11-05 23:13:29 (GMT)

18132001059 From: Trucking Permits And More LLC

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 : 120140000047
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

RAINBOW TRUCKING SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2018 NOV -6 AM 8:41

FILED

11/7/18 05

COVER LETTER

**TO: Registration Section
Division of Corporations**

RAINBOW TRUCKING SOLUTIONS LLC

SUBJECT: _____
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:

DIAZ MARTINEZ, FELIX

Name of Person

Firm/Company

10621 STANDING STONE DR

Address

WIMAUMA, FL 33598

City/State and Zip Code

rtolutions0821@gmail.com

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

For further information concerning this matter, please call:

FELIX DIAZ

315 - 883-9003

at (_____) _____

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

RAINBOW TRUCKING SOLUTIONS 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 8/21/18 and assigned
Florida document number 118000200367

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)

Enter new mailing address, if applicable:


(Mailing address MAY BE A POST OFFICE BOX)

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:	<u>LIMONTA NEIRA, YUSMARY</u>		
New Registered Office Address:	<u>10621 STANDING STONE DR</u>		
	<i>Enter Florida street address</i>		
	<u>WIMAUMA</u>	<u>Florida</u>	<u>33598</u>
	<i>City</i>		<i>Zip Code</i>

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>
AMBR	LIMONTA NEIRA, YUSMARY	10621 STANDING STONE DR	<input type="checkbox"/> Add
		WIMAUMA FL 33598	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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11/6/18

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 11/06/18

Signature of a member or authorized representative of a member

Typed or printed name of signer