

118000247871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 AUG 20 PM 2:30

*Amend.*

AUG 26

D CUSHING

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Truckmaster CDL Testing 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:

Byron W Simpson

\_\_\_\_\_  
Name of Person

Truckmaster CDL Testing LLC

\_\_\_\_\_  
Firm/Company

PO Box 782337

\_\_\_\_\_  
Address

Orlando FL 32878

\_\_\_\_\_  
City/State and Zip Code

truckmaster66@yahoo.com

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

For further information concerning this matter, please call:

Byron Simpson

919

356-2977

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

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Truckmaster CDL Testing LLC

PO BOX 782337

Orlando, FL 32878

Florida Department of Revenue

Divisions of Corporations

PO Box 6327

Tallahassee, FL 32314

Attn: Diane Cushing

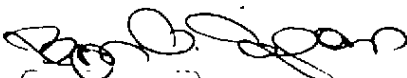
August 14, 2019

**RE: Number : L18000247871 FDR letter dated 7/31/2019, letter number : 319A00015687**

I refer to the letter from your department dated 7/31/2019 (see attached) and enclosed please find the articles of amendment to request to change the mailing address to PO Box 782337, Orlando, FL 32878 as your records.

Kindly update the filing request accordingly.

Yours sincerely

  
(Byron Simpson)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 31, 2019

BYRON W SIMPSON  
TRUCKMASTER CDL TESTING LLC  
PO BOX 782337  
ORLANDO, FL 32878

SUBJECT: TRUCKMASTER CDL TESTING LLC  
Ref. Number: L18000247871

We have received your document for TRUCKMASTER CDL TESTING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 319A00015687

2019 AUG 20 PM 1:05

RECEIVED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Truckmaster CDL Testing 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 10/22/2018 and assigned  
Florida document number L18000247871.

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)**

PO Box 782337

Orlando, FL 32878

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 AUG 20 PM 2:30

**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

Florida

City

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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 July 10 2019

Typed or printed name of signee