

48000279052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

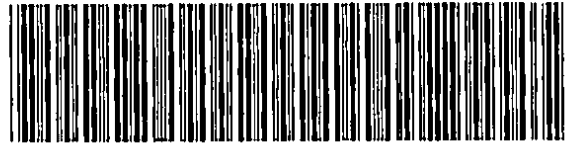
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12/17/18--01020--027 **30.00

APPROVED
AND
FILED

2018 DEC 17 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FURTRUCK2018 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:

JEANE VALDES

Name of Person
SBF CONSULTING & MANAGEMENT CORP

Firm/Company
5401 S. KIRKMAN RD STEB 301

Address
ORLANDO FL 32819

City/State and Zip Code
info@sbfconsulting.us

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

For further information concerning this matter, please call:

Jeane Valdes

978 551-2417

Name of Person

at ()
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**

FURTRUCK2018, 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 12/04/2018 and assigned
Florida document number L18000279052.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

5805 WIRLO BRONSON MEMORIAL HWY

KISSIMMEE FL 34746

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

SBF CONSULTING & MANAGEMENT, CORP

New Registered Office Address:

5401 S. KIRKMAN RD STE 301

Enter Florida street address

ORLANDO

Florida 32819

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.

(Signature)
If Changing Registered Agent, Signature of New Registered Agent

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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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 | ANSBERTO BORREGO | 5805 W Irlo Bronson Memorial Hwy | <input type="checkbox"/> Add |
| | | Kissimmee FL 34746 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| Membe | Michel E. Alanis Gonoggia | 5805 W Irlo Bronson Memorial Hwy | <input checked="" type="checkbox"/> Add |
| | | Kissimmee - FL 34746 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | SBF Consulting & Management Corp | 5401 S. Kirkman Rd Ste 301 | <input checked="" type="checkbox"/> Add |
| | | Orlando FL 32819 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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TALLAHASSEE, FLORIDA

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ALLAHASSEY, FLORIDA
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E. Effective date, if other than the date of filing: _____ (optional)

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.

(b) The 90th day after the record is filed.

Dated December 12, 2018

Signature of a member

Jeanne Roberta Valdes

Typed name

Signature of a member or authorized representative of a member

Jeane Roberta Valdes

Typed or printed name of signee