18132001059

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(((H22000208855 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRUCKING PERMITS AND MORE LLC

Account Number : I20140000047 : (813)774-4726 Phone : (813)877-2186 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	Q

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **D&G ROAD KING LLC**

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T. LEMIEUX

COVER LETTER

18132001059

TO: Registration Division of C				
	DAD KING LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
	pondence concerning this matter			
	FERNANDEZ ABREU, C	JABRIEL		
		Name of Person		
	D&G ROAD KING LLC			
		Fitn/Company		
	3414 Blowing Oak St			
		Address		
	Valrico, FL 33596			
		City/State and Zip Code		
	gabrielito022217@outlook E-mail address: (com to be used for future annual report noti	fication)	
For further information	n concerning this matter, please c			
GABRIEL FERNAN	DEZ ABREU	239 9845064		
Nam	e of Person	at ()	e Telephone Number	
Enclosed is a check fo	r the following amount:			
XI \$25.00 Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	S\$5,00 Filing Fee & Certified Copy (additional copy is enclosed)	Cortificate of Status & Certificate Copy (additional copy is enclosed)	
Mailing Add		<u>Street Address:</u> Registration Se	ction	
Registration Section Division of Corporations P.O. Box 6327		Division of Cor	porations	
		The Centre of T	l'allahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

From: Trucking Permits And More LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D&G ROAD KING LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny a <u>s it now appears on our records.</u> Jability Company))
The Articles of Organization for this Limited I. Florida document number LIS000287963	iability Company		
This amendment is submitted to amend the fol-	lowing:		
A. If amending name, <u>enter the new name o</u>	of the limited liab	ility company here:	
	· ·		
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "LLC"	or the appreviation "L.L.C."
Enter new principal offices address, if appli	cable:	7.00 NO.001 CC - NC 23.5	
Principal office address MUST BE A STRE	ET ADDRESS)	2690 DREW ST APT 335	
		CLEARWATER, FL 33759	The section of the se
Enter new mailing address, if applicable:	· DAVI	2690 DREW ST APT 335	
(Mailing address MAY BE A POST OFFICE BOX)		CLEARWATER, FL 33759	
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office : ess here:	address on our records, <u>enter t</u>	he game of the new register
Name of New Registered Agent:	FERNANDEZ	ABREU, GABRIEL	
New Registered Office Address:	2690 DREW S	T APT 333	16
		Enter Florida sit eet address	THE PARTY OF THE P
	CLEARWATE	ER , Flo	rida 😅 🚟 🛴 💮 💮 💮 💮
New Registered Agent's Signature, if changing	Registered Agent:	City	Zip Code
			they garee to comply with t
I hereby accept the appointment as register provisions of all statutes relative to the pro-	ea agent and uyr per and complete	ee to act in this capacity, 1 jur performance of my duties, an	d 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 Agen

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

18132001059

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	FERNANDEZ ABREU, GABRIEI	2690 DREW ST APT 335	□Add
		CLEARWATER, FL 33759	
			≘ Change
MGR	DURANONES REY, DIANA	3414 Blowing Oak St	UBAdd
		Valrico, FL 33596	≣Remove
			17Charge
			LJAdd
			El Remove
			☐ Change
			□Add
			□Remove
			E.]Remove
			[]Change
			DAdd
		Address of the Control of the Contro	☐ Remove
			□Change

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If ainen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(lf ån effe: <u>Note:</u> 1	the date, if other than the date of filing: (optional) (itive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a cut's effective date on the Department of State's records.
ne record ord is tile	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	06/15/ 2022 - Caff
	Signature of a member or authorized representative of a member
	GABRIEL FERNANDEZ ABREU
	Typed or grinted name of stenee