

L190000 24718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

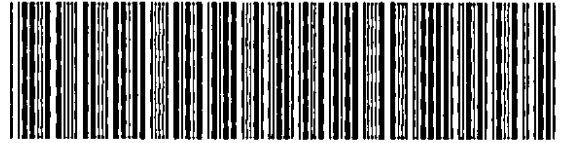
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FL

D. BRUCE  
SEP 22 2020

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ABC TRUCKING & TRANSPORT 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:

CARLOS JIMENEZ CURBELO  
Name of Person  
ABC TRUCKING & TRANSPORT LLC  
Firm/Company  
8462 NW 168TH TERR  
Address  
MIAMI LAKES, FL 33016  
City/State and Zip Code  
carlosjkiara07@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS JIMENEZ CURBELO 305 490-2973  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

SECRET  
TALLAHASSEE, FL

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

ABC TRUCKING & TRANSPORT 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 01/23/2019 and assigned  
Florida document number L19000024718.

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)**

8462 NW 168TH TERR

MIAMI LAKES, FL 33016

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

SAME ADDRESS

**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:

CARLOS JIMENEZ CURBELO

New Registered Office Address:

8462 NW 168TH TERR

*Enter Florida street address*

MIAMI LAKES

*City*

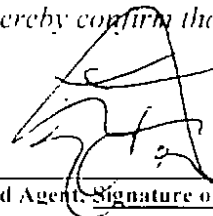
Florida

*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



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TALLAHASSEE, FLORIDA

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	CARLOS JIMENEZ CURBELO	8462 NW 168 TH TERRACE	<input checked="" type="checkbox"/> Add
		MIAMI LAKES , FLORIDA, 33016	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ISMARAY LIZA	8462 NW 168 TH TERRACE	<input type="checkbox"/> Add
		MIAMI LAKES , FLORIDA, 33016	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

ISMARAY LIZA DECIDES TO LEAVE THE CORPORATION

ANY QUESTION PLEASE CALL AT 305-332-6485 ISMARAY LIZA OR

305-490-2973 CARLOS JIMENEZ CURBELO

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STATE OF FLORIDA  
TALLAHASSEE, FL

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**E. Effective date, if other than the date of filing: 07/31/2020 (optional)**

(If an effective 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 (3)(b)

**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.

If the record 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 record is filed.

Dated

7/31/2020

Signature of a member or authorized representative of a member

Typed or printed name of signer

Filing Fee: \$25.00