

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# L19000026883

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : TRUCKING PERMITS AND MORE LLC  
Account Number : I20140000047  
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 SMART TRUCKS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2022 AUG -4 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AUG 05 2022

K. Brumby

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SMART TRUCKS 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:

YOENIA GUEVARA

Name of Person

Firm/Company

8404 WILSKY BLVD #109

Address

TAMPA/FLORIDA 33615

City/State and Zip Code

smartrucks54@gmail.com

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

For further information concerning this matter, please call:

YOENIA GUEVARA

813

8382324

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 Address:**

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMART TRUCKS 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 01/25/2019 and assigned  
Florida document number L19000026883

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**)

8404 WILSKY BLVD #109  
TAMPA FL 33615

Enter new mailing address, if applicable:

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

SAME AS ABOVE

## 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:

YOENIA GUEVARA

New Registered Office Address:

8404 WILSKY BLVD #109

Enter Florida street address:

TAMPA

City

Florida

33615

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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**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	YOENI GUEVARA	8404 WILSKY BLVD #109	<input checked="" type="checkbox"/> Add
		TAMPA FL 33616	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MANAG.	LINA M DURAN	5534 HANZEL STREET SUITE F	<input type="checkbox"/> Add
		ORLANDO FL 32809	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
DIRECTO	HERNANDO J ORTIZ	5534 HANZEL AVE SUITE F	<input type="checkbox"/> Add
		ORLANDO FL 32809	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
DIRECTO	LUIS LOPEZ	8404 WILSKY BLVD #109	<input checked="" type="checkbox"/> Add
		TAMPA FL 33616	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

