

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Electronic Filing Cover Sheet

L19000052497

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000428778 3)))



H200004287783ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : AB ALL SERVICES INC
Account Number : I20200000155
Phone : (305)882-1238
Fax Number : (305)882-1260

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
MRM TRUCKING LLC

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

2020 DEC 16 PM 2:53

RECEIVED
2020 DEC 16 AM 6:55

DEC 17 2020

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MRM Trucking 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:

Elizabeth Fleitas

Name of Person

AB All Services Inc

Firm/Company

1100 W 29th St E

Address

Hialeah FL 33012

City/State and Zip Code

ab1100@yahoo.com

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

For further information concerning this matter, please call:

Elizabeth Fleitas

Name of Person

at 305, 882-1238

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

2020 DEC 16 PM 2:58

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MRM TRUCKING 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 02/22/2019 and assigned Florida document number L19000052497.

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)

7915 E DR APT 3K

NORTH BAY VILLAGE FL 33141

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7915 E DR APT 3K

NORTH BAY VILLAGE FL 33141

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:

7915 E DR APT 3K

Enter Florida street address

NORTH BAY VILLAGE, Florida 33141

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>
--------------	-------------	----------------	-----------------------

MGR	RICHAR LAGOMASINO	7915 E DR APT 3K	<input checked="" type="checkbox"/> Add
-----	-------------------	------------------	---

		NORTH BAY VILLAGE FL 33141	<input type="checkbox"/> Remove
--	--	----------------------------	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

MGR	MARILU PALENZUELA	7915 E DR APT 3K	<input type="checkbox"/> Add
-----	-------------------	------------------	------------------------------

		NORTH BAY VILLAGE FL 33141	<input type="checkbox"/> Remove
--	--	----------------------------	---------------------------------

			<input checked="" type="checkbox"/> Change <i>add</i>
--	--	--	---

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<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
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

2020 DEC 16 PM 2:50

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

2020 DEC 16 PM 2:58

E. Effective date, if other than the date of filing: _____ (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 12/15, 2020

ed 12/15

[Handwritten signature]

Signature of a member or authorized representative of a member

MARILU PALENZUELA

Typed or printed name of signee

Filing Fee: \$25.00