

L19 000104313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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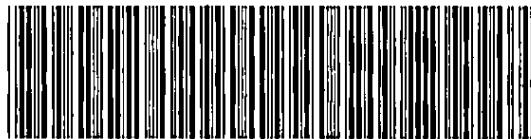
(Business Entity Name)

(Document Number)

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Amend

JUN 11 2019

1 ALLEGATION

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: PECOS HAULING 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:

ALAN MARTINEZ

Name of Person

SIMPLEX GROUP

Firm/Company

7500 NW 52ND ST STE 100

Address

MIAMI, FL 33166

City/State and Zip Code

amartinez@simplexgroup.net

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

For further information concerning this matter, please call:

SIMPLEX GROUP / ALAN MARTINEZ

Name of Person

at (305)

Area Code

599-8287

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**

PECOS HAULING 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 4/16/19 and assigned
Florida document number L19000104313.

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:

6160 SW HIGHWAY 200 STE 110

(Principal office address MUST BE A STREET ADDRESS)

OCALA, FL 34476

Enter new mailing address, if applicable:

6160 SW HIGHWAY 200 STE 110

(Mailing address MAY BE A POST OFFICE BOX)

OCALA, FL 34476

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:

6160 SW HIGHWAY 200 STE 110

Enter Florida street address

OCALA

Florida

34476

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	BARBOZA, AUGUSTO	6160 SW HIGHWAY 200 STE 110	<input type="checkbox"/> Add
		OCALA, FL 34476	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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.

Dated MAY 22ND, 2019

Augusto B. Bully
Signature of a member or authorized representative of a member

Typed or printed name of signee