Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : TRUCKING PERMITS AND MORE LLC

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ALE, A. E LLC

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Corporate Filing Menu

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C. GOLDEN AUG 3 1 2020

COVER LETTER

UI:	Name of Limi	ted Liability Company	
losed Articles of	Amendment and fee(s) are subt	nitted for filing.	
eturn all correspo	ondence concerning this matter t	to the following:	
	ESTRADA CUERVO, ER	NESTO	
		Name of Person	
	ALE, A. E LLC		
	 	Firm/Company	
	7024 FOUNTAIN AVE	_	
		Address	
	TAMPA, FL 33634		
		City/State and Zip Code	
		to be used for future annual report not	ification)
ther information (,
		813 4016167	
Name 6	of Person	Area Code Daytin	ne Telephone Number
ed is a check for t	the following amount:		
5.00 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 tadditional copy is enclosed)
Registration	Section	<u>StreetAddress:</u> Registration Se Division of Co	
P.O. Box 63	27	The Centre of 2415 N. Moore	Tallahassee oe Street, Suite 810
	her information of turn all correspondence of the turn all correspondence of turn	ESTRADA CUERVO, ERI ALE. A. E LLC TO24 FOUNTAIN AVE TAMPA, Fl. 33634 erneston.estrada@yahoo.es E-mail address: ther information concerning this matter, please exided CUERVO, ERNESTO Name of Person Tampa File Sandon Filing Fee & Certificate of Status MailingAddress: Registration Section Division of Corporations P.O. Box 6327	Division of Corporations ALE. A. E LLC Name of Limited Liability Company Name of Limited Liability Company Name of Limited Liability Company Noted Articles of Amendment and feets) are submitted for filing. ESTRADA CUERVO, ERNESTO Name of Person ALE. A. E LLC Firm/Company 7024 FOUNTAIN AVE Address TAMPA, Fl. 33634 Chy/State and Zip Code erneston estrada@yahoo.cs E-mail address: (to be used for future annual report not her information concerning this matter, please call: ADA CUERVO, ERNESTO Name of Person At (a) Area Code Certificate of Status Address: Certified Copy (sadditional copy is enclosed) Mailling Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5707 27 P. 6: 42

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(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Plorida document number 1.19000107158	were filed on 04/19/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	flity Company," the designation "LLC" of	or the abbreviation "L L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	ne name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florada street address	
	, Flor	rida
	S.W	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	

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 hability

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>	Name	<u>Address</u>	Type of Action
MGR	BASTER PUIG, ANDREA BARBARA	7024 FOUNTAIN AVE	■Add
		TAMPA, FL 33634	□Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			🗀 Remove
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			☐ Change

	
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loter Ifthe	te, if other than the date of filing: (optional) late is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
record spectises filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
nted OB	- 27 - 2020
urea	(E);
	Signature of a member or authorized representative of a member
ſ	STRADA CUERVO, ERNESTO
_	Typed or printed name of signee

Filing Fee: \$25.00