5/20/2010

Division of Corporations



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.

(((H19000163535 3)))



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 : TRUCKING PERMITS AND MORE LLC Account Number : I2014000047 Phone : (813)774-4726 Fax Number : (813)877-2186 **Enter the email address for this business entity to be used for future [1] annual report mailings. Enter only one email address please.** Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KRISS 2 TRUCKING LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Help

T GLASS

MAY 2 2 2019

To: Page 2 of 7 850-617-6381



May 21, 2019

FLORIDA DEPARTMENT OF STATE Division of Corporations

ALDO PRUNA DIAZ 1928 GLENDALE ST LAKELAND, FL 33803

SUBJECT: KRISS 2 TRUCKING LLC

REF: L19000113183

We received your electronically transmitted document. However, the. We received your electronically transmitted document. However, the medocument has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet

The titles you have listed for the individuals or business entitles which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass Regulatory Specialist II Amount charged: 25.00

FAX Aud. #: H19000163535 Letter Number: 719A00010251

COVER LETTER

	egistration Se ivision of Cor					
		RUCKING LLC				
SUBJECT	:	Name of Lim	ited Liability Company	···		
The enclos	ed Anieles of	Amendment and fee(s) are sub	mitted for filing.			
Phase retu	in all coirespo	indence concerning this matter	to the following:			
		PRUNA DIAZ, ALDO				
			Name of Person			
		KRISS 2 TRUCKING LLG	:			
			Firm Company			
		1928 GLENDALE ST			20	
			Adáress		191	
		LAKELAND, Pt. 33803			2019 NAY 21 AH III:	<u> </u>
City/State and Zip Code						
		cruzevisnier@gm	nail.com to be used for fitture annual report not		그등 🏝	
For further	information c	e-man address: (oncerning this matter, please c		ancanon)	1:50	
PRUNA D	IAZ, ALDO		863 6185772			
	Nume o	ť Person	Area Code Daytin	ne Telephone Number		
Enclosed is	s a check for th	ne following amount:				
□ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section in of Corporations ox 6327 issec, FL 32314	STREET/COUR Registration Secti Division of Corpe Clifton Building 2661 Executive C Tallahassee, PL 3	on orations Tenter Circle		

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

(Name of the Chinted Clab) (A Fior	illiv Company as it now appears on our reco da Limited Liability Company)	ords_
The Articles of Organization for this Limited Liability Florida document number £119006113183		and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lir</u>	mited liability company here:	
The new name must be distinguishable and contain the words "Li	inuted Liability Company," the designation "E	LC or the abbreviation L.L.C."
Enter new principal offices address, if applicable:		3
(Principal office uddress MUST BE A STREET ADD	ORESS)	7 7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		5.
B. If amending the registered agent and/or reg	istered office address on our recoil	rds, enter the name of the r
registered agent and/or the new registered office ad Name of New Registered Agent:		***************************************
registered agent and/or the new registered office ad Name of New Registered Agent:		
registered agent and/or the new registered office ad		
registered agent and/or the new registered office ad Name of New Registered Agent:	Enter Florida street add.	

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

Τo, Page 6 of 7

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 SANCHEZ PELAEZ, JONAL	Address 1928 GLENDALE ST	Type of Action
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			□ Change
			(D Add
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			🗖 Change
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e record specif The 90th day	fies a delayed effective after the record is file	ve date, but no ed.	ot an effectiv	e time, at 12:0	1 a.m. on th	e earlier	of:
Pated	MAY 20	2019	 .				
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Page 3 of 3

Filing Fee: \$25.00