

6/17/2019

2019-06-17 14:21:54 (GMT) 18132
 Division of Corporations

Trucking Permits And More LLC

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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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
 KRISS 2 TRUCKING LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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D SCOTT

JUN 18 2019
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KRISS 2 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:

PRUNA DIAZ, ALDO

Name of Person

KRISS 2 TRUCKING LLC

Firm/Company

1928 GLENDALE ST

Address

LAKELAND, FL 33803

City/State and Zip Code

cruzevisnier@gmail.com

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

For further information concerning this matter, please call:

PRUNA DIAZ, ALDO

863 6185772
at () Daytime Telephone Number

Name of Person

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

FILED
JUN 17 A 3:57
TALLAHASSEE, FL

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KRISS 2 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 04/25/2019 and assigned
Florida document number L19000113181.

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 "LLC."

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 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:

Enter Florida street address

_____, Florida _____
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	CRUZ RODRIGUEZ, EVISNIER	1928 GLENDALE ST	<input checked="" type="checkbox"/> Add
		LAKELAND, FL 33803	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

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FALLA KSCGE.F. LORIDA

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2019 JUN 17 A 3:57
FALL AHSSE, FLORIDA

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)

Aldo Pruna
Signature of a member or authorized representative of a member:

PRUNA DIAZ, ALDO
Typed or printed name of signer