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

Mich of State

•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

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COVER LETTER

	tegistration Sect Division of Corp					
CU:DIE		UCKING LLC				
SUBJECT	·	Name of Limi	ted Liability Company			
		imendment and fee(s) are sub-				
		CRUZ RODRIGUEZ, EVI	SNIER			
			Name of Person			
		KRISS 2 TRUCKING LLC				
			Firm/Company			
		198 GLENDALE ST				
			Address			
		LAKELAND, FL 33803			20	
		entzevisnier@gmail.com	City/State and Zip Code		2019 AUS	갈
		E-mail address: (1	to be used for future annual report notific	estion)	6	
For furthe	r information co	ncerning this matter, please ca	all:		📆	30 T
CRUZ RO	ODRIGUEZ, AV	/IESNIER	863 6185772		· .	
	Nume of	Person		Telephone Number		
Enclosed	is a check for the	e following amount:				
93 \$25.0	0 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	

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

KRISS 2 TRUCKING LLC			
(Name of the Limited I	lability Company as it now lorida Limited Liability Com	appears on our records.) puny)	
The Articles of Organization for this Limited Liabi	ity Company were filed	on 04/25/2019	and assigned
Florida document number £19000113183			
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of the	e limited liability comps	any here:	
The new name must be distinguishable and contain the words	"Limited Liability Company	," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable	2:		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u>x)</u>		-
D. M. H. H. L. L. H. H. H. H. H.			5
B. If amending the registered agent and/or registered agent and/or the new registered office		ess on our records,	enter the name of the new
			· -
Name of New Registered Agent:			
New Registered Office Address:			
-	En	ter Florida street address	
_		, Flori	da
	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>	Type of Action
	PRUNA DIAZ, ALDÓ	1928 GLENDALE ST	
MGR			
	-	LAKELAND, FL 33803	
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			☐ Change
	SANCHEZ PELAEZ, JONAL	1928 GLENDALE ST	 -
MGR	STATE OF THE STATE	.,,,,	
		LAKELAND, FL 33803	
		DARELAND, LL 33003	e n
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The 90th day after the record is filed.	
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Signature of a memore-of enhance representative of	a meruber

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Filing Fee: \$25.00