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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : TRUCKING PERMITS AND MORE LLC  
Account Number : 120140000047  
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
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T. LEMIEUX  
OCT 18 2018

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2019 OCT 17 PM 4:11

2019 OCT 17 PM 4:11

**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:

CRUZ RODRIGUEZ, EVISNIER

\_\_\_\_\_  
Name of Person

KRISS 2 TRUCKING LLC

\_\_\_\_\_  
Firm/Company

1928 GLENDALE ST

\_\_\_\_\_  
Address

LAKELAND, FL 33803

\_\_\_\_\_  
City/State and Zip Code

cruzcevisnier@gmail.com

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

For further information concerning this matter, please call:

RODRIGUEZ, EVISNIER CRUZ

863

6185772

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
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**

**FILED**

KRISS 2 TRUCKING LLC

2019 OCT 17 P. 12:44

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

COUNTY OF  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/07/2019 and assigned Florida document number L19000113183.

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:

(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*

City, Florida 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	TRABA, HAROLD	1928 GLENDALE ST	<input type="checkbox"/> Add
		LAKELAND, FL 33803	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CAMACHO, REINER	1928 GLENDALE ST	<input checked="" type="checkbox"/> Add
		LAKELAND, FL 33803	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

**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 October 16, 2019

Typed or printed name of signee