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# COVER LETTER

O: Registration Section  
Division of Corporations

TM TRUCKING SERVICES LLC

UBJECT: \_\_\_\_\_  
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:

YOSVANI TORRES MORA

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

TM TRUCKING SERVICES LLC

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

4040 SW 107TH CT

\_\_\_\_\_  
Address

MIAMI, FL 33165

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

yosvani.torres80@icloud.com

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

For further information concerning this matter, please call:

YOSVANI TORRES MORA

267 515-4260

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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          | YOSVANI TORRES MORA    | 4040 SW 107TH CT MIAMI, FL 33165         | <input type="checkbox"/> Add               |
|              |                        |  | <input checked="" type="checkbox"/> Remove |
|              |                        |  | <input type="checkbox"/> Change            |
| MGR          | LIANA Y HERNANDEZ PENA | 3139 COLLIN DR. WEST PALM BEACH FL 33406 | <input checked="" type="checkbox"/> Add    |
|              |                        |  | <input type="checkbox"/> Remove            |
|              |                        |  | <input type="checkbox"/> Change            |
|              |                        |  | <input type="checkbox"/> Add               |
|              |                        |  | <input type="checkbox"/> Remove            |
|              |                        |  | <input type="checkbox"/> Change            |
|              |                        |  | <input type="checkbox"/> Add               |
|              |                        |  | <input type="checkbox"/> Remove            |
|              |                        |  | <input type="checkbox"/> Change            |
|              |                        |  | <input type="checkbox"/> Add               |
|              |                        |  | <input type="checkbox"/> Remove            |
|              |                        |  | <input type="checkbox"/> Change            |

10. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

11. 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)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 03, 2023

x

Handwritten signature of YOSVANI TORRES MORA

Signature of a member or authorized representative of a member

YOSVANI TORRES MORA

Typed or printed name of signee