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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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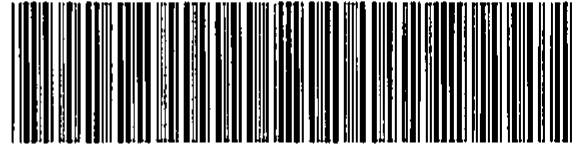
(Business Entity Name)

(Document Number)

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TO: Registration Section  
Division of Corporations

SUBJECT: ALL LOADS TRUCKING L.L.C.  
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:

JERRY VAIBRUN  
Name of Person  
ALL LOADS TRUCKING L.L.C.  
Firm/Company  
7958 PINES BLVD #517  
Address  
PENHROKE PINES FL 33024  
City/State and Zip Code  
JERRY33162@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JERRY VAIBRUN at (305) 785-2695  
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

ALL LOADS TRUCKING LLC

**If Changing Registered Agent, Signature of New Registered Agent**

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>MIMEROSE MICHEL</u>	<u>7958 Pines Blvd</u>	<input type="checkbox"/> Add
		<u>Pembroke Pines FL 33024</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Stacey Robert</u>	<u>7958 Pines Blvd</u>	<input type="checkbox"/> Add
		<u>Pembroke Pines FL 33024</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

1

**E. 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)(c)

**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 13, 2020

Terry Vail

Signature of a member or authorized representative of a member

JERRY VALBRUN

Typed or printed name of signee