120000038468

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Carana) and
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300371770423

08/18/21--01012--009 **25.00

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations		
MANUEL	DERAS TRUCKING LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MANUEL DERAS		
		Name of Person	
		Firm/Company	
	PO BOX 1617		
		Address	
	LABELLE, FL 33975		
	HMARROQ0523@GMAH	City/State and Zip Code L.COM	
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
MANUEL DERAS		863 993-6050 at ()	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 Addres		Street Address: Registration Se	ction
Division of C	Corporations	Division of Co	rporations
P.O. Box 632	2.7	The Centre of 1	Callahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MANUEL DERAS TRUCKING LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000038468</u>	were filed on 03/26/21	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
DERAS TRUCKING LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	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)		- <u></u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	171 •	.a.
	, Flori	da 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>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
	•		□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

			
			
<u> </u>			
	· ·		
			
	03/26/2021	,	
'ffective data if other than the de	to of Glings		ptional)
Effective date, if other than the date fan effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	ete of filing: - specific and cannot be prior to - does not meet the applicab	date of filing or more than 90 days	after filing.) Pursuant to 605,0207 (
f an effective date is listed, the date must be Note: If the date inserted in this block	e specific and cannot be prior to cook does not meet the applicabintment of State's records.	date of filing or more than 90 days le statutory filing requirements	after filing.) Pursuant to 605.0207 (this date will not be listed as t
fan effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department seffective date on the Department specifies a delayed effective date dis filed.	e specific and cannot be prior to does not meet the applicabintment of State's records.	date of filing or more than 90 days ale statutory filing requirements e, at 12:01 a.m. on the earlier o	after filing.) Pursuant to 605.0207 (this date will not be listed as t
f an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department specifies a delayed effective date of the Department of the	e specific and cannot be prior to does not meet the applicabirtment of State's records. ate, but not an effective time	date of filing or more than 90 days le statutory filing requirements e, at 12:01 a.m. on the earlier o	after filing.) Pursuant to 605.0207 (this date will not be listed as t f: (b) The 90th day after the
f an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department specifies a delayed effective date of the Department of the	e specific and cannot be prior to does not meet the applicabirtment of State's records. ate, but not an effective time	date of filing or more than 90 days ale statutory filing requirements e, at 12:01 a.m. on the earlier o	after filing.) Pursuant to 605.0207 (this date will not be listed as t f: (b) The 90th day after the

Filing Fee: \$25.00