

L20 000066875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

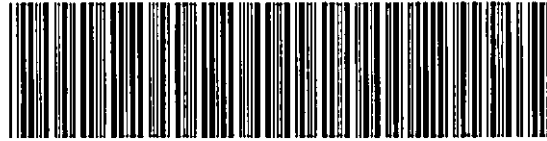
(Business Entity Name)

(Document Number)

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2020 AUG 24 PM 5:02  
TALLAHASSEE, FL

D. BRUCE  
OCT 08 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TAM DIAZ TRUCKING LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN MIGUEL TAM ALFONSO

Name of Person

TAM DIAZ TRUCKING LLC

Firm/Company

8414 SW 42 CT

Address

DAVIE, FL 33328

City/State and Zip Code

JUANMTAM93@ICLOUD.COM

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

For further information concerning this matter, please call:

JUAN MIGUEL TAM ALFONSO

954 397-6845

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

SECRET  
TALLAHASSEE  
FL 32303

2020 AUG 24 PM 5:02

FBI FPD

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

TAM DIAZ TRUCKING LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/28/2020 and assigned Florida document number 120000066875.

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:

8414 SW 42ND CT

(Principal office address MUST BE A STREET ADDRESS)

DAVIE, FL 33328

Enter new mailing address, if applicable:

8414 SW 42ND CT

(Mailing address MAY BE A POST OFFICE BOX)

DAVIE, FL 33328

**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:

JUAN MIGUEL TAM ALFONSO

New Registered Office Address:

8414 SW 42ND CT

*Enter Florida street address*

DAVIE

*City*

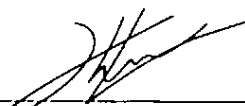
Florida

33328

*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

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FLORIDA  
SECRETARY OF STATE

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	JUAN MIGUEL TAM ALFONSO	8414 SW 42ND CT	<input type="checkbox"/> Add
		DAVIE, FL 33328	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2020 AUG 24 PM 5:03  
OFFICE OF THE  
TALLAHASSEE, FL

2020 AUG 24 PM 5:02  
SECURITY  
TALLAHASSEE, FL

2020 AUG 24 PM 5:02  
SECRET  
ITALIAN ASSISE, P...

**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 AUGUST, 18TH 2020

JUAN MIGUEL TAM ALFONSO

Typed or printed name of signee

**Filing Fee: \$25.00**