

L20000091311

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H23000330278490

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

From:
Account Name : TAXODA BUSINESS, CORP
Account Number : 120230000039
Phone : (786)768-8794
Fax Number : (786)803-8477

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: bernalrachel0428@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
S R BERNAL TRUCKING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

SEP 19 PM 4:24

FLORIDA
DIVISION OF CORPORATIONS
STATE

SEP 20 2023

SEP 19 2022 3:44PM

FILED 09300000-202783

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S R BERNAL 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:

SANDY ERNESTO BERNAL HERRERA

Name of Person

S R BERNAL TRUCKING LLC

Firm/Company

9721 NOROAD

Address

JACKSONVILLE, FLORIDA 32210

City/State and Zip Code

bernalrachel0428@gmail.com

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

For further information concerning this matter, please call:

ODALYS RODRIGUEZ

at ()

(736) 768-8794

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

Feb 19, 2020 3:44PM

NI 00000000 000000

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	Yasmary R Bernal Bravo	9721 NOROAD	<input checked="" type="checkbox"/> Add
		JACKSONVILLE	<input type="checkbox"/> Remove
		FLORIDA, 32210	<input type="checkbox"/> Change
MGR	Sandy Ernesto Bernal Herrera	9721 NOROAD	<input type="checkbox"/> Add
		JACKSONVILLE	<input type="checkbox"/> Remove
		FLORIDA, 32210	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Dec. 19. 2023 3:44 PM

At. 03000068, 202783

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

N/A

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. or the earlier of: (b) The 90th day after the record is filed.

Dated AUGUST 01st 2023

Signature of a member or authorized representative of a member

SANDY ERNESTO BERNAL HERRERA

Typed or printed name of signer

Filing Fee: \$25.00