

L20000 133460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED  
2021 JAN -5 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FL

O SIMMONS  
JAN 22 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 22, 2020

JACKNY BERARD  
1460 NE 169TH ST #312  
N MIAMI BEACH, FL 33162

SUBJECT: WAKA TRUCKING LLC  
Ref. Number: L20000133466

We have received your document for WAKA TRUCKING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder  
Regulatory Specialist III

Letter Number: 620A00020978

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WAKA 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:

JACKNY Berard  
Name of Person

WAKA TRUCKING  
Firm/Company

1460 NE 169th St APT 312  
Address

North Miami Beach FL 33162  
City/State and Zip Code

BJackny@yahoo.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

JACKNY Berard at (786) 261-1636  
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

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

WAKA TRUCKING LLC

2021 JAN -5 AM 9:45

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

STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 05-18-2020 and assigned  
Florida document number 120000133466.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

Enter Florida street address

Florida

City

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	2021 JAN -5 AM 9:45	<u>Type of Action</u>
MGR	JACKLY BERARD	1460 NE 169th ST APT 312 NORTH MIAMI BEACH, FL		<input checked="" type="checkbox"/> Add
		North miami beach FL 33162		<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
MGR	ROSE M BERARD	1460 NE 169th ST APT 312		<input type="checkbox"/> Add
		North miami beach FL 33162		<input checked="" type="checkbox"/> Remove
				<input type="checkbox"/> Change
				<input type="checkbox"/> Add
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				<input type="checkbox"/> Remove
				<input type="checkbox"/> Change

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

FILED

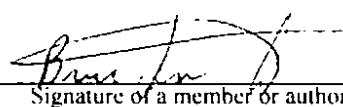
2021 JAN -5 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FL

Effective date, if other than the date of filing: 05-18-2020 (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.

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 12-30-2020



Signature of a member or authorized representative of a member

THIERRY BERNARD  
Typed or printed name of signee