

1/3/22, 6:34 PM

Division of Corporations

**L20000027423021**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H22000002742 3)))



H220000027423ABCT

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : AB ALL SERVICES INC  
Account Number : I20200000155  
Phone : (305)882-1238  
Fax Number : (305)882-1260

CLERK OF COURT  
TALLAHASSEE, FLORIDA

2022 JAN -4 PM 3:53

FILED

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MONTES TRUCK LINES LLC**

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

JAN 05 2022

S. PRATHER

2022 JAN -4 AM 10:13

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Montes Truck Lines 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:

Gina Rocha

Name of Person

AB All Services

Firm/Company

1100 West 29<sup>th</sup> Street

Address

Hialeah, FL 33012

City/State and Zip Code

ab1100@yahoo.com

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

For further information concerning this matter, please call:

Gina Rocha

Name of Person

305 882-1238

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**

**Montes Truck Lines LLC**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 JAN -4 PM 3:53

FILED

The Articles of Organization for this Limited Liability Company were filed on 5/26/00 and assigned Florida document number L20000143021.

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

City, Florida

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Raycler Montes	3990 E 2 Ct	<input type="checkbox"/> Add
		Hialeah, FL 33013	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Orlando Vinas	3990 E 2nd Ct	<input type="checkbox"/> Add
		Hialeah, FL 33013	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Raycler Montes	3990 E 2nd Ct	<input checked="" type="checkbox"/> Add
	Garcia	Hialeah, FL 33013	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Orlando Leduan	3990 E 2nd Ct	<input checked="" type="checkbox"/> Add
	Vinas Lopez	Hialeah, FL 33013	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

E. Effective date, if other than the date of filing: 6/21/01 (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.

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 record is filed.

**Dated**

12/27 21  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Orlando Leduan Vinas Lopez  
Typed or printed name of signer

Typed or printed name of signee

STATE OF FLORIDA  
SHELLHARTSEE, FLORIDA

2022 JAN-4 PM 3:53

ה  
ה  
ה  
ה