

L20000 147470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

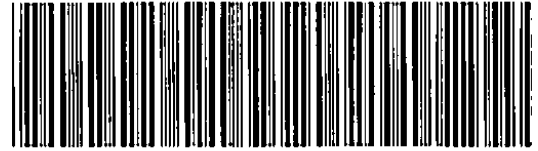
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600346775796

06/29/20 01:00 015

RECEIVED

JUN 29 2020

2020 JUN 29 PM 5:17
SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
AUG 11 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DARIUS ALL State 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:

Jean Yves Selus
Name of Person

Firm/Company

2783 10th Ave North APT 301
Address

Palm Springs, FL, 33461
City/State and Zip Code

Ant darius 187@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jean Selus at (561) 932-6336
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

SECRETARY OF STATE
TALLAHASSEE, FL

2020 JUN 29 PM 5:17

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Darius Allstate 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 June, 23, 20 and as
Florida document number L20000 147 470.

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

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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

Jean Yves Selles

New Registered Office Address:

2783 10th Ave North Apt # 30
Enter Florida street address

Palm Springs, Florida 33461
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.

Selles

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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
<u>MGR</u>	<u>Jean Y. Selius</u>	<u>2783 10th Ave. N Apt 301</u>	<input checked="" type="checkbox"/> <u>Ad</u>
		<u>Palm Springs, FL, 33461</u>	<input type="checkbox"/> <u>Re</u>
			<input type="checkbox"/> <u>Ch</u>
<u>AMBR</u>	<u>Jean Y. Selius</u>	<u>2783 10th Ave. N</u>	<input type="checkbox"/> <u>Ad</u>
		<u>Palm Springs, FL, 33461</u>	<input type="checkbox"/> <u>Re</u>
			<input type="checkbox"/> <u>Ch</u>
<u>AMBR</u>	<u>Linda Selius</u>	<u>2783 10th Ave. N Apt 301</u>	<input checked="" type="checkbox"/> <u>Ad</u>
		<u>Palm Springs, FL, 33461</u>	<input type="checkbox"/> <u>Re</u>
			<input type="checkbox"/> <u>Ch</u>
			<input type="checkbox"/> <u>Ac</u>
			<input type="checkbox"/> <u>Re</u>
			<input type="checkbox"/> <u>Ch</u>
			<input type="checkbox"/> <u>Re</u>
			<input type="checkbox"/> <u>Ch</u>
			<input type="checkbox"/> <u>Ac</u>
			<input type="checkbox"/> <u>Re</u>
			<input type="checkbox"/> <u>Ch</u>

SECRETARY OF STATE
TALLAHASSEE, FL

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

2020 JUN 29 PM 5:17
SECRETARY OF STATE
TALLAHASSEE, FL


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 (

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 a record is filed.

Dated JUNE, 23rd 20 5:00 pm



Signature of a member or authorized representative of a member

SEAW & SELVUS

Typed or printed name of signee