# L20000/6/041

| (Rec                      | questor's Name)  |             |
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| Certified Copies          | Certificate      | s of Status |
| Special Instructions to F |                  |             |
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SECRETARY OF STATE TALLAHASSEE, FL

2022 NOV 28 AN ID:

# 1900 TRUCKLINES LLC

11445 SE 75TH CT BELLEVIEW, FL 34420

November 21st, 2022

Commence of the second

### **COVER LETTER**

If any questions regarding this matter please, contact me at (813) 305-5766 during business hours and sent any letter in reference to this issue to 11445 SE 75TH CT Belleview, FL 34420.

Freddy Fernandez.

## **COVER LETTER**

| Div                 | ision of Corpo  | orations                                     |   |  |              |
|---------------------|-----------------|--|---|--|--------------|
| SUBJECT:            | 1900 TRUCK      | LINES LLC                                    |   |  |              |
| SUBJECT.            |                 | Name of Lim                                  | ited Liability Company  | <del></del>  |              |
| The enclosed        | Anicles of A    | mendment and fee(s) are sub                  | mitted for filing.  |  |              |
| Please return       | all correspond  | dence concerning this matter                 | to the following:   |  |              |
|                     |                 | FREDDY FERNANDEZ                             |   |  |              |
|                     |                 |  | Name of Person  |  |              |
|                     |                 | 1900 TRUCKLINES LLC                          |   |  |              |
|                     |                 |  | Firm/Company  |  |              |
|                     |                 | 11445 SE 75TH                                |   |  |              |
|                     |                 |  | Address   |  |              |
|                     |                 | CTBELLEVIEW, FL 3442                         | 20  |  |              |
|                     |                 |  | City/State and Zip Code   |  |              |
|                     |                 | 1900trucklines@gmail.com                     |   | <del></del>  |              |
|                     |                 |  | to be used for future annual report notificati                      | on)  |              |
| For further in      | nformation cor  | cerning this matter, please ca               | all:  | T<br>SEC   | 202          |
| FREDDY F            | ERNANDEZ        |  | 813 305 5766<br>at ( )  | ALL,   | 1-1 1 200 28 |
|                     | Name of l       | Person                                       |   | ECRETARY OF STALLAHASSEE,  | ; 4E 300,    |
| Enclosed is a       | a check for the | following amount:                            |   | in the second se |              |
| <b>■ \$</b> 25,00 I | Filing Fcc      | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy (additional copy is enclosed)   |              |
|                     |                 |  |   |  |              |

TO:

**Registration Section** 

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

| 1900 TRUCKLINES LLC   |   |                        |
|---|---|------------------------|
| (Name of the Limited Liability Company of (A Florida Limited Liab   | as it now appears on our records.) ility Company) |                        |
| The Articles of Organization for this Limited Liability Company we Florida document number L20000161041               | re filed on 09/13/2021                            | and assigned           |
| This amendment is submitted to amend the following:   |   |                        |
| A. If amending name, enter the new name of the limited liability  | y company here:                                   |                        |
| The new name must be distinguishable and contain the words "Limited Liability (                                       | Company," the designation "LLC" or the            | abbreviation "E.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)                                  |   |                        |
| 3. If amending the registered agent and/or registered office add agent and/or the new registered office address here: | ress on our records, <u>enter the na</u>          | me of the new register |
| Name of New Registered Agent:   |   | ·                      |
| New Registered Office Address:  |   |                        |
|   | Enter Florida street address                      |                        |
|   | . Florida   |                        |

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>                      | Type of Action |
|--------------|---------------------|-------------------------------------|----------------|
| MGR          | FERNANDEZ, FREDDY   | 11445 SE 75TH CTBELLEVIEW, FL 34420 |                |
|              |                     |                                     | Remove         |
|              |                     |                                     | □ Change       |
| AMBR         | FERNANDEZ, FREDDY   | 11445 SE 75TH CIBELLEVIEW, FL 34420 | 🗒 Add          |
|              |                     |                                     | □Remove        |
|              |                     |                                     | □Change        |
| MGR          | ANTONIO LETOURNEAUT | 11445 SE 75TH CTBELLEVIEW, FL 34420 |                |
|              |                     |                                     | □Remove        |
|              |                     |                                     | Change         |
|              |                     |                                     | □ Add          |
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| te: If the date inserted in this block of          | specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 does not meet the applicable statutory filing requirements, this date will not be lis | 5.0201<br>sted as |
| cument's effective date on the Depart              | ment of State's records.  |                   |
| cord specifies a delayed effective dat<br>s filed. | te, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after  | er the            |
| NOVEMBER 21ST                                      | 2022  |                   |
| •  | CH  |                   |
| Sign   | nature of a member or authorized representative of a member   |                   |
|  |   |                   |
|  | FRDDY FERNANDEZ   |                   |

A Company of the Company