

LZO 000182691

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TI-REST 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:

ONAL DORVAL  
Name of Person  
TI-REST TRUCKING LLC.  
Firm/Company  
4678 S RIO GRANDE AVE APT D  
Address  
ORLANDO, FL 32839  
City/State and Zip Code  
ONALDORVAL117@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

FILED  
2020 OCT -5 PM 3:17  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ONAL DORVAL 407 640-2296  
Name of Person at ( ) 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**

TI-REST 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 06/29/2020 and assigned Florida document number 120000182691.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

NOT APPLICABLE

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)

4678 S RIO GRANDE AVE APT D  
ORLANDO, FL 32839

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

NOT APPLICABLE

NOT APPLICABLE

NOT APPLICABLE

**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:

FRANTZY JOSEPH

New Registered Office Address:

5401 S KIRKMAN RD

*Enter Florida street address*

ORLANDO

*City*

Florida 32839

*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>
P	ONAL DORVAL	4678 S RIO GRANDE AVE ORLANDO, FL 32839	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FALL HAVEN, FL 33611

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

THE ONLY ISSUE IS, I AM THE OWNER OF THE LLC. AND MY NAME WAS NOT APPEARED AS  
AUTHORIZED PERSON AT HE DIVISION OF CORPORTION OR SUNBIZ.ORG. IT IS SHOWN AS  
"NONE" AND MY NAME SUPPOSED TO BE THERE AS THE AUTHORIZED PERSON.

2010 OCT -5 PM 3:17  
T. L. DORVAL  
E. S. CHILVA

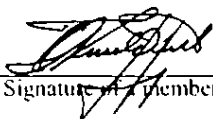
**E. Effective date, if other than the date of filing:** 06/29/2020 **(optional)**

*(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.

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 the record is filed.

Dated SEPTEMBER 30 2020

X   
Signature of a member or authorized representative of a member

ONAL DORVAL

Typed or printed name of signee