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# rea Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRUCKING PERMITS AND MORE LLC

Account Number : I20140000047 ; (813)774-4726 Phone Fax Number : (813)877-2186

\*\*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 A & A TRUCKS TRANSPORTATION LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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Help

#### **COVER LETTER**

	Registration Se Division of Cor			
elibaez		CKS TRANSPORTATION L	LC	
SUBJEC	.l:	Name of Lim	ited Liability Company	
The enck	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	tum all correspo	ndence concerning this matter	to the following:	
		LOPEZ, REGLA		
Name of Person				
	A & A TRUCKS TRANSPORTATION LLC			
			Firm/Company	<del></del>
		9324 CRESCENT LOOP O	CIR20-306	
			Address	
		TAMPA, FL 33619		
			City/State and Zip Code	
		arasaylopez31@gmail.com	to be used for future annual report notifica	tiont
For furth	er information c	oncerning this matter, please of	·	
LOPEZ,	REGLA		813 5626323	
	Name o	f Person	Area Code Daytime To	dephone Number
Enclosed	is a check for th	ne following amount:		
<b>₩</b> \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration 5 Division of C	Section	Street Address: Registration Section Division of Corpo	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

(1)

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A & A TRUCKS TRANSPORTATION LLC		1010	
	NAME OF THE PROPERTY OF THE PROPERTY A		
(Name of the Limited Liability Compar (A Florida Limited L	cability Company)	3	
	0.7/2.1/2020	77 7	
The Articles of Organization for this Limited Liability Company	were filed on 07/31/2020	and assigned *	
Florida document number L20000229184		> 3	
		<u>۾</u>	
This amendment is submitted to amend the following:		υ P	
A. If amending name, enter the new name of the limited liabi	lity company here:		
A. If affecting fame, there he have of the names habi	mry company nere.		
The new name must be distinguishable and contain the words "Limited Liabil	ny Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	9324 CRESCENT LOOP CIR Bldg 20	Э. Арт 306	
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 33619		
Principal office address BIOST BE A STREET ADDRESS		····································	
Enter new mailing address, if applicable:	ess, if applicable: 9324 CRESCENT LOOP CIR Bldg 20		
(Mailing address MAY BE A POST OFFICE BOX)  TAMPA, FL 33614			
Date and the state of the land of the state		ma of the new registers	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	idoress on our records, enter the ha	me of the new registere	
agent and in the new registered write address neve.			
Name of New Registered Agent:			
New Registered Office Address:			
new Registered Office Address.	Enter Florida street address		
	, Florida	Zip Code	
New Projectored Agent's Signature if changing Registered Agents	X iig	Eq. Com	

#### 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.

To:

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

Title	<u>Name</u>	Address	Type of Action
MGR	BRINGAS REYES, ARLENYS	9324 CRESCENT LOOP CIR Bldg 20 Apt 306	<b>=</b> Add
		TAMPA, FL 33619	□Remove
		<del></del>	□Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			🗆 Change
	<u> </u>		🗆 Add
			Remove
			□Change
			🗆 Add
			🗆 Remove
			□Change
			Dadd
			□Remove
		_	□ Change

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

Filing Fee: \$25.00