To: +18506176383



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.

(((H22000143427 3)))



H220001434273ABCZ

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRUCKING PERMITS AND MORE LLC

Account Number : I20140000047 Phone : (813)774-4726 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 MMSD TRANSPORTATION LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

-18506176383	Page: 3 of 6	2022-04-20 18:18:54 GMT	18132001059	From: Trucking Permits And More LLC
		COVER LETTER	₹	
TO: Registration S			:	
Division of Co.	rporations			
SUBJECT: MMSD TI	RANSPORTATION LLC			
	Name of	Limited Liability Company		
The enclosed Articles of	Amendment and fee(s) are	submitted for filing.	;	
Please return all correspondence	ondence concerning this ma	lter to the following:		
	ANDY GONZALEZ			
		Name of Person		 :
	MMSD TRANSPORT	ATION LLC	1	·
		Pirm/Company		
	1431 MARINER BLV	D	,	•
		Address		
	SPRING HILL, FL 340	509		
		City/State and Zip Code		
	munsdtransportation@gr	muil.com ss: (10 be used for future amual re		_
For further information of	oncerning this matter, pleas		port notification)	
ANDY GONZALEZ	, , , , , , , , , , , , , , , , , , , ,			
	f Person	at ()	.9655	
Name o	: 1612011	Area Code	Daytime Telephone Num	ber .
Enclosed is a check for the	ne following amount:		:	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &		Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	sed) Certifi	icate of Status & ed Copy
			(additio	nal copy is enclosed)
Mailing Addres Registration S		Street Add		
Division of C		Registrat Division	ion Section of Corporations	
P.O. Box 632	7		re of Tallahassee	
Tallahassee, I	FL 32314		Monroe Street, Suite	810
		Tallahass	sec, FL 32303	
			.	

18132001059

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MMSD TRANSPORTATION LLC	
(<u>Name of the Limited Llability Co</u> (A Florida Lim	mnany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comp	
Florida document number <u>L20000250744</u> .	
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 I	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Euter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	2
	7022
Enter new mailing address, if applicable:	
(Muiling address MAY BE A POST OFFICE BOX)	2
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, enter the name of the flow registered
	60.
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	i
	Enter Florida street address
-	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Ag	!
provisions of all statutes relative to the proper and comp	agree to act in this capacity. I further agree to comply with the lete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is fice address, I hereby confirm that the limited liability
īf	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

Title	<u>Name</u>	Address	Type of Action
AMBR	YUNEYSI DELGADO	1431 MARINER BLVD SPRING HILL, FL 34609	□ Add
			@Kemove
		!	Change
			[]Add :
			□Remove
		:	
			□ Change
<u></u>			L]Add
		<u> </u>	□Remove
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			□Change

18506176383	- Page: 6 of 6	2022-04-20 18:18:54 GMT	18132001059	From: Trucking Permits And More LLC
D. If amen	ding any other information, ent	er change(s) here: (Attach a	dditional sheets, if necess	ary.)
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			;	
F Effectiv	v date if other than the date of	Gline:	Contion	al)
Note: 1	re date, if other than the date of ctive date is listed, the date must be specif f the date inserted in this block does	not meet the applicable statutor	ig or more than 90 days after filly filling requirements, this d	ing.) Pursuant to 605.0207 (3)(b) ate will not be listed as the
docume	nt's effective date on the Departmen	t of State's records.		
If the record record is file	specifies a delayed effective date, bud.	n not an effective time, at 12:01	a.m. on the earlier of: (b)	The 90th day after the
Dated /	APRIL 20	2022		
<u> </u>				•
	Signature	of a member or authorized represe	ntative of a member	·
	A	nday Schzali Typed or printed name of sig	Z grace	
			:	
		Filing Fee: \$3	25.00;	

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