Division of Corporations

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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

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 JGA TRUCKING LLC

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Help

TO:

COVER LETTER

TO: Registration Se Division of Cor					
	KING LLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	GALVEZ ACOSTA, JOEL	. A			
		Name of Person	A TOTAL CONTRACTOR OF THE PROPERTY OF THE PROP		
	JGA TRUCKING LLC				
		Firm/Company			
	2908 ANGELA CT				
		Address	·····		
	TAMPA, FL 33610				
		City/State and Zip Code			
	joelgarvez@yahoo.com	to be used for future annual report not	fication)		
For further information c	oncerning this matter, please of	·			
GALVEZ ACOSTA, JO	EL A	813 2638836			
Name o	of Person	at () Area Code Daytim	e Telephane Number		
Enclosed is a check for t	he following amount:				
☐ \$25.00 Filing Fee	330.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 		
Mailing Addres Registration Division of (Section	Street Address: Registration Se Division of Co			
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee			
		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION \mathbf{OF}

as it now appears on c bility Company)	our records.)
ere filed on 10/05/20	20 and assigned
ty company here:	
y Company," the design	ntion "LEC" or the abbreviation "L.L.C."
	and the state of t
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	9
	2
idress on our recor	ds, enter the name of the new registered
	1.5
Enter Florida street address Florida	
verformunce of my rovided for in Chaj	acity. I finther agree to comply with the duties, and I am familiar with and oter 605, F.S. Or, if this document is onfirm that the limited liability
	City Company," the designation of the designation

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

Title	Name	Address	Type of Action
AMBR	GALVEZ ACOSTA, JOEL A	2908 ANGELA CT	
		TAMPA, FL 33610	
			Change
			□Add
			□Remove
			□Change
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ffective	late, if other than the date of filing:
f an effectiv Note: If th	e 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 e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a effective date on the Department of State's records.
record sp d is filed.	reifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	10/22 1 2020
	Signature of a member or authorized representative of a member
	(Signature of a member of authorized representative in a member
	GALVEZ ACOSTA, JOEL A
	Typed or printed name of signee