

L21000045240

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H21000238587 3)))



H210002385873ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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
PB HAULING, LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
2021 JUN 17 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2021 JUN 17 AM 10:47

BIB
6/18/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PB HAULING, 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:

GONZALEZ, GIORGIO B

Name of Person

PB HAULING, LLC

Firm/Company

7700 CAMINO REAL, D402

Address

MIAMI, FL 33143

City/State and Zip Code

prieto305b@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GONZALEZ, GIORGIO B

786
at ()

4986144

Name of Person

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

2021 JUN 17 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PB HAULING, 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 01/25/2021 and assigned Florida document number L21000045240.

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 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)

220 W JEAN ST

TAMPA, FL 33604

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

220 W JEAN ST

TAMPA, FL 33604

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:

New Registered Office Address:

Enter E-mail or street address

688

Florida

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>
MGR	GONZALEZ, PIETRO BELTRAM	220 W JEAN ST	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33604	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	GONZALEZ, GIORGIO B	220 W JEAN ST	<input type="checkbox"/> Add
		TAMPA, FL 33604	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

FILED
2021 JUN 17 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

F. Effective date, if other than the date of filing: _____ (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 June 17, 2021

Graciano Gonzalez
Signature of a member or authorized representative of a member

GONZALEZ, GIORGIO B

Typed or printed name of signee

Filing Fee: \$25.00