## K21000047187

(Re	questor's Name	)
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(Cit	y/State/Zip/Phor	ne #)
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## **COVER LETTER**

TO:

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Registration Section

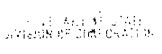
**Division of Corporations** 

DORNEF SUBJECT:	TRUCKING LLC		
SUBJECT:	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub		
riease return an correspo	ondence concerning this matter	to the following:	
	Neer Persaud, CPA		
		Name of Person	<del></del>
		Firm/Company	
	422 Lake Daisy Dr		
		Address	<del></del>
	Winter Haven, Fl 33884		
		City/State and Zip Code	
	neerpersaud@yahoo.com		
		to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Guemalli Dornevil		561 891-7373 at ()	
Name of Person		Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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)
<u>Mailing Addres</u> Registration S Division of C	Section orporations	Street Address: Registration Sec Division of Cor	
P.O. Box 632 Tallahassee, I		The Centre of T 2415 N. Monro	allahassee e Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION SAVISTOR OF DIRECTAL DE **OF**



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(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 Florida document number		01/26/2021 and assigned
Florida document number	·	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company	y here:
The new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on ou ess here:	r records, enter the name of the new register
Name of New Registered Agent:	Neer Persaud, CPA	
New Registered Office Address:	422 Lake Daisy Dr	
	Enter	Florida street address
	Winter Haven	Florida 33884
	City	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

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MGR = M $AMBR = A$	lanager Authorized Member	21 JUL 19 PH 3: 12	
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GUEMALLI DORNEVIL	108 SPOONBILL CT	Add
		KISSIMMEE, FL34759	□Remove
			□Change
AMBR	DUEMALLI G DORNEVIL	108 SPOONBILL CT	□Add
		KISSIMMEE, FL 34759	<b>≡</b> Remove
			Change
			□Add
			□Remove
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		<del></del>	□Remove
			□Change

mending any other information, enter change(s) here: (Attach a	additional sheets, if necessary.)
	21 JUL 19 PH 3: 12
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ctive date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing  if the date inserted in this block does not meet the applicable statutory iment's effective date on the Department of State's records.	(optional) g or more than 90 days after filing.) Pursuant to 605.020 tiling requirements, this date will not be listed as
ord specifies a delayed effective date, but not an effective time, at 12:01 ifiled.	a.m. on the earlier of: (b) The 90th day after the
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TRU.	deline for more
Signature of a member or authorized represent	ntative of a member

Filing Fee: \$25.00