

(((H21000177778 3)))



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 **BRO 4EVER SERVICES AND TRANSPORT LLC**

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

Electronic Filing Menu Corporate Filing Menu

Help

## **COVER LETTER**

| TO: Registration Se Division of Con | ection y, rporations                      | •  | ;  |
|-------------------------------------|---|--|--|
| BRO 4EVE                            | ER SERVICES AND TRANSF                    | ORT LLC  |  |
|                                     | Name of Lim                               | ited Liability Company   |  |
|                                     | Amendment and fee(s) are sub              | <u>-</u>   |  |
|                                     | SEMANAT, REYNIER                          |  |  |
|                                     |   | Name of Person   | , , , , , , , , , , , , , , , , , , ,                                |
|                                     | BRO 4EVER SERVICES                        | AND TRANSPORT LLC  |  |
|                                     |   | Firm/Company   |  |
|                                     | 6418 HANLEY RD                            |  |  |
|                                     |   | Address  |  |
|                                     | TAMPA, FL 33634                           |  |  |
|                                     |   | City/State and Zip Code  |  |
|                                     | 0704clnegro@gmail.com                     |  |  |
|                                     | E-mail address; (                         | to be used for future annual report no                           | otification)   |
| For further information e           | oncerning this matter, please co          | all:   |  |
| SEMANAT, REYNIER                    |   | 813 5622277<br>at ()   |  |
| Name o                              | f Person                                  |  | me Telephone Number  |
| Enclosed is a check for the         | ne following amount:                      |  |  |
| № \$25.00 Filing Fee                | S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres                      |   | Street Address:  |  |
| Registration 9                      | Section                                   | Registration S   | ection   |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Page: 4 of 6

DDO ACUED CUDARCIEC AND TO ANCHORES A

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BRO 4EVER SERVICES AND TRANSPORT LLC  |  |                              |
|---|--|------------------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited I  | ny as it now appears on our records.)    |                              |
| ( TO A TO A STATE OF THE STATE | Subtrictly Company,                      |                              |
| The Articles of Organization for this Limited Liability Company   | were filed on                            | and assigned                 |
| Florida document number L21000080241  | <del></del>                              | <del></del>                  |
| Fiorida document number   |  |                              |
| This amendment is submitted to amend the following:   |  |                              |
| A. If amending name, enter the new name of the limited liab   | ility company here:                      |                              |
| The new name must be distinguishable and contain the words "Limited Liabil  | ity Company," the designation "LLC" o    | r the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:   | ·  |                              |
| (Principal office address MUST BE A STREET ADDRESS)   |  |                              |
|   |  |                              |
|   | <del></del>                              |                              |
| Enter new mailing address, if applicable:   |  |                              |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |                              |
|   |  |                              |
|   |  |                              |
| B. If amending the registered agent and/or registered office a  | address on our records, enter th         | e name of the new registered |
| agent and/or the new registered office address here:  | iddi cas on our records, <u>circa in</u> | <u> </u>                     |
|   |  | <u>ω</u>                     |
|   |  |                              |
| Name of New Registered Agent:   |  |                              |
| New Registered Office Address:  |  | <i>환</i> <b>양</b>            |
|   | Enter Florida street address             | 30                           |
|   | , Flori                                  |                              |
|   | 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

18132001059

MGR = Manager AMBR = Authorized Member

To: 18506176383

| <u>Title</u> | <u>Name</u>             | <u>Address</u>                                 | Type of Action |
|--------------|-------------------------|--|----------------|
| MGR          | SEMANAT TAMAYO, REYNIER | 6418 HANLEY RD                                 | <b>=</b> Add   |
|              |                         | TAMPA, FL 33634                                | □Remove        |
|              |                         |  | ☐ Change       |
|              |                         |  | . □Add         |
|              |                         |  | □Remove        |
|              |                         |  | ☐ Change       |
|              | <del></del>             | ***************************************        | □Add           |
|              |                         | NICO 47 - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1 | □Remove        |
|              |                         |  | □Change        |
|              |                         |  | □Add           |
|              |                         |  | □Remove        |
|              |                         |  | ☐ Change       |
|              |                         |  | □Add           |
|              |                         |  | Remove         |
|              |                         |  | □Change        |
|              |                         |  | □Add           |
|              |                         |  | Петоvе         |
|              |                         |  | Change         |

To: 18506176383

|                     | ndling any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---------------------|---|
|                     |   |
| _                   |   |
| _                   |   |
| _                   |   |
|                     |   |
|                     |   |
|                     |   |
|                     |   |
|                     |   |
| _                   |   |
|                     |   |
|                     |   |
|                     |   |
|                     |   |
|                     |   |
|                     |   |
| _                   |   |
| _                   |   |
| _                   |   |
|                     |   |
| Note: 1             | re date, if other than the date of filing:  |
| record<br>d is file | /   |
| Dat <b>e</b> d _    | 24/21 Papa ) Mada)  |
|                     | Signature of a member or authorized representative of a member                                |
|                     |   |