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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:

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2022 AUS -- 9

Account Name : THREE K FAST CARRIER SERVICES INC

Account Number : I20180000033 Phone : (305)805-3516 Fax Number : (305)887-5844

\*\*Enter the email address for this business entity to be used for future annual report majlings. Enter only one email, address please.\*\*

Email Address: VVDO. Wazaaaaaa

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEST CLASS TRUCKING LLC

\$25.00

Estimated Charge

Electronic Filing Menu

Corporate Filing Menu

T. LEMIEUX AUG 10 ZOZE Aug. 9. 2022 13:312M

## **COVER LETTER**

H2 00 15700 20 43753

TO: Re	gistration Servision of Cor	ction porations		i Hanoozo
SUBJECT:	BEST CLA	SS TRUCKING LLC		
4	1		ted Liability Company	
The enclose	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		WILIAM BUSTAMANTE		
			Name of Person	
		BEST CLASS TRUCKING	G LLC	
		**************************************	Firm/Company	<del></del>
		10660 WASHINGTON ST	CAPT 104	
			Address	
		PEMBROKE PINES, FL	33025	
			City/State and Zip Code	
		PUPO.MARIA@YAHOO.	ES to be used for future annual report not	riffertion)
For further	information c	oncerning this matter, please co		interior,
WILIAM	BUSTAMAN	TE	at (305 ) 877-0048 Area Code Duytir	
	Name o	f Person	Area Codo — Duytir	ne Telephone Number
Enclosed is	a check for t	ne following amount:		
<b>5</b> \$25.00	Filing Fee	S30.00 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, Suitc 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		UCKING LLO			
(243 the Of the Limite	A Florida Limited	ny as it now appears on ou tability Company)	r recoras.;		
The Articles of Organization for this Limited Lia	ability Company	were filed on02/2	22/2021	and assi	gned
Florida document number L2100008725	8				
This amendment is submitted to amend the folio	wing:				
A. If amending name, enter the new name of	the limited liah.	lity company here:			
N/A The new name must be distinguishable and centain the wo	ads "Limited Liabil	ity Corenies " the designation	on "13 ("For the ah	obrevistion "L.I.	C."
Enter new principal offices address, if applica		10660 WASH			
(Principal office address MUST BE A STREET		PEMBROKE			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	3 <u>0X</u> )	10660 WASH PEMBROKE			104
B. If amending the registered agent and/or re agent and/or the new registered office address	**	ddress on our records	. <u>epter the Ban</u>	ne of the new	registered
Name of New Registered Agent:	WILIAN	I BUSTAMAN	<u>re</u>		
New Registered Office Address:	New Registered Office Address: 10660 WASHINGTON ST APT 104  Enter Florida stream address:		04		
	<u>PEMBE</u>	City	, Florida	33025 Zip Code	<del></del>
New Registered Agent's Signature, if changing R	egistered Agent:			<u>4</u>	
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the recompany has been notified in writing of this c	r and complete tered agent as p egistered office change.	performance of my du provided for in Chapte	ties, and I am j r 605, F.S. Or, firm that the lit	familiar with if this docum nited-liability	तिर्माति सम्मिति

Aug. 9. 2022 13:32PM

No. 1578 Cle. 4/5/672183

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
			OAdd
			□Romove
			□Change
			[]Remove
			□Change
			□Add
			□Remove
			©Change
			□∧dd
			□Remove
			©Change
*******			bbA⊡
			□Remove
			□Change
			□Add
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	The state of the s
	N-AND-LOCAL COLOR
{If an ci	rive date, if other than the date of filing:  (optional)  fective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
he reco ord is f	rd 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 liled.
Dated	August 9 . 2022.
	Signature of a member or authorized representative of a member
	- Andrews as a resistance of automatical absolution and an included

Filing Fee: \$25.00