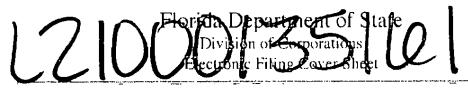
To: +18506176383 •



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.

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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:

Account Name : TRUCKING PERMITS AND MORE LLC

Account Number: I20140000047 Phone : (813)774-4726 : (813)877-2186

Fax Number : (813)877-2186 annual report mailings. Enter only one email address please. \*\*

Email	Address:	 	 	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DANIA ABRAHANTES FAMILY CHILD CARE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

OCT 2 1 2021

S. PRATHER

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Help

TO:

#### From: Trucking Permits And More LLC

# COVER LETTER

TO: Re	gistration S vision of Co	Section Orporations		
SUBJECT:	DANIA A	BRAHANTES FAMILY CHI	LD CARE, LLC	
		Name of Li	mited Liability Company	
The enclosed	l Articles o	f Amendment and fee(s) are su	hmitted for tiling	
		ondence concerning this matte		
		Dania abrahantes		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		DANIA ABRAHANTES	FAMILY CHILD CARE, LLC	
	DANIA ABRAHANTES FAMILY CHILD CARE, LLC  Firm/Company  4411 W HANNA AVE  Address  TAMPA, FL 33614			
		4411 W HANNA AVE		
			Address	
		TAMPA, FL 33614		
		dianalelly @ you	City/State and Zip Code  100 · C C C Com  (to be used for future annual report notif	
For further in	formation c	oncerning this matter, please c	all:	ication)
DANIA ABR	CAHAN PE	\$	ut (1) 397-995?  Area Code Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
<b>■ \$25.00</b> Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi	ing Addressistration S	si section	Street Address: Registration Sec	tion

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

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2021 OCT 20 PM |
SECRETARY OF STALLAHASSEE, FLO

Donia Abrahaytes Family Child Carl (LC (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 03/23/2021 and 03/23/2021

Florida document number L2:000135161

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 Florida street address

Florida

Florida

### 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

2021-10-20 16:11:08 GMT

18132001059

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
MGR	ABRAHANTES, DANIA	4411 W HANNA AVE	
		TAMPA, FL 33614	
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<del></del>			□Add
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			□Remove
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-·· <u>-</u>			□Add
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D. If amending any other information, enter	change(s) here: (Attach ad	dditional sheets, if necessary.)		
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Effective date, if other than the date of filing (If an effective date is listed, the date must be specific and Note: If the date inserted in this block does not a document's effective date on the Department of State record specifies a delayed effective date, but not cord is filed.	d cannot be prior to date of filing one of the applicable statutory find the records.	lling requirements, this date will not l	oe listed as	(3)(b) the
Dated OCTOBER, 20	2021		SE TAL	202
_ Carrido			SEORE!	2021 OCT 20 PM
Signature of a n	nember or authorized representati	ive of a member	IARY IASSEE	T 20
DANIA ABRAHANTES			민유	) ₽
	Typed or printed name of signee		STAT FLORI	- <del></del>