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21 JUL 19 AM 9:01

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** REYNA TRUCKING 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:

HECTOR LUIS ELIZALDE PEREZ

\_\_\_\_\_  
Name of Person

REYNA TRUCKING LLC

\_\_\_\_\_  
Firm/Company

5161 COUNSELOR DR UNIT 101

\_\_\_\_\_  
Address

ZEPHYRHILLS, FL 33541

\_\_\_\_\_  
City/State and Zip Code

REYNATRUCKINGLLC@GMAIL.COM

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

For further information concerning this matter, please call:

LEYDIANA GARCIA

813 393-9273  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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(Name of the Limited Liability Company as it now appears on our records.)

**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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HECTOR LUIS ELIZALDE PERE	5161 COUNSELOR DR UNIT 101	<input checked="" type="checkbox"/> Add
		ZEPHYRHILLS, FL 33541	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	LEYDIANA GARCIA	38032 POSTAL DR UNIT 1450	<input type="checkbox"/> Add
		ZEPHYRHILLS, FL 33539	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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E. 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 July 9, 2021

Signature of a member or authorized representative of a member

HECTOR LUIS ELIZALDE PEREZ

LEYDIANA GARCIA

Typed or printed name of signee