

8/3/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L210000191110

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : INTERSTATE CARRIER SERVICE CORP
Account Number : I20160000043
Phone : (786)346-6290
Fax Number : (305)503-6979

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

Email Address: Interstate Carrier Service@yahoo.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
YAC TRUCKING LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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8/5/21
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YAC 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:

SUANI S FERNANDEZ

Name of Person

YAC TRUCKING LLC

Firm/Company

1320 E 8TH AVE

Address

HALEAH FL 33010

City/State and Zip Code

INTERSTATECARRIERSERVICE@YAHOO.COM

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

For further information concerning this matter, please call:

LOURDES GARCIA

Name of Person

305

at ()
Area Code

640-8995

Daytime Telephone Number

Enclosed is a check for the 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)

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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STATE OF FLORIDA
TALLAHASSEE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YAC TRUCKING LLC

(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 04/26/2021 and assigned
Florida document number L21000191110.

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 "L.L.C." or the abbreviation "L.L.C."

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 _____
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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	YUSDENY AREVALO CERVANTES	1320 E 8TH AVE	<input checked="" type="checkbox"/> Add
		HIALEAH FL 33010	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SUANI S FERNANDEZ	1320 E 8TH AVE	<input type="checkbox"/> Add
		HIALEAH FL 33010	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove

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Typed or printed name of signee

Filing Fee: \$25.00