

**L21000198501**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From:  
Account Name : RC TAX SERVICE HC LLC  
Account Number : I20200000165  
Phone : (853)421-0617  
Fax Number : (407)520-5473

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

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 NOV -3 AM 5:21

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LIMITLESS TRUCKING SERVICES LLC**

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

NOV 4 2021

S. PRATHER

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: LIMITLESS TRUCKING SERVICES 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:

CAROLINA RODRIGUEZ FRANCO

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

LIMITLESS TRUCKING SERVICES LLC

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

2459 FELCE CT

\_\_\_\_\_  
Address

DAVENPORT, FL 33897

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

limitlesstruckingservices@yahoo.com

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

For further information concerning this matter, please call:

CAROLINA RODRIGUEZ FRANCO

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

at ( 610 )

\_\_\_\_\_  
Area Code

653 2341

\_\_\_\_\_  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

LIMITLESS TRUCKING SERVICES LLC

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

FILED

2021 NOV - 3 AM 5:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/28/2021

Florida document number L21000198501

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 "L.L.C."

Enter new principal offices address, if applicable:

701 LA FOLEY AVE

**(Principal office address MUST BE A STREET ADDRESS)**

HAINES CITY FL 33844

Enter new mailing address, if applicable:

701 LA FOLEY AVE

**(Mailing address MAY BE A POST OFFICE BOX)**

HAINES CITY FL 33844

**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:

CARALINA RODRIGUEZ FRANCO

New Registered Office Address:

2459 FELCE CT

*Enter Florida street address*

DAVENPORT

Florida 33837

*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



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

[illegible]

**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 (j)(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 NOVEMBER 3 2021

Signature of a n

Signature of a member or authorized representative of a member

CAROLINA RODRIGUEZ FRANCO

Typed or printed name of signee

FILED  
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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA