Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRUCKING PERMITS AND MORE LLC

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

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

Email Address:

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

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

COVER LETTER

Division of Cor	ivision of Corporatious		
BUTEN TR SUBJECT:	UCKING LLC		
SOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MYRIAM VARGAS		
		Name of Person	
		Firm/Company	
		Address	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report no	tilication)
For further information c	oncerning this matter, please c		
MYRIAM VARGAS		813 774-4726	
Name o	Г Реския	Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25,00 Filing Fee	© \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	So0.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address: Registration S	ection
Registration S Division of C		Division of Co	

From: Trucking Permits And More L

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BUTEN 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 $\frac{5/22/21}{2}$ and assigned Florida document number $\frac{1.21090244311}{2}$.
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 office address here:
Name of New Registered Agent.
New Registered Office Address: Finter Fluida street address
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 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.

It Changing Registered Agent, Signature of New Registered Agent

From: Trucking Permits And More L

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

2021-06-07 13:05:56 UTC

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Gonzalez Fernandez, Ihosvany		
		707 E ANNIE ST]Remove
		TAMPA, FL 33612	
			□Change
			∆Add
			□Change
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