## 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 : TRUCKING PERMITS AND MORE LLC

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

\*\*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 ATL TRANSPORTATION LLC

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TO:

Registration Section

## **COVER LETTER**

Division of Cor	porations					
	ISPORTATION LLC					
SUBJECT:						
The enclosed Articles of	Amendment and feets) are sub-	nitted for filing				
Please return all correspo	ndence concerning this matter	to the following:				
	MYRIAM VARGAS					
	Name of Person					
		Firm:Company				
	<del></del>	Address				
		City/State and Zip Code				
	E-mail address: (	to be used for future annual report not	ification)			
For further information c	oncerning this matter, please co	<b>1</b> 11:				
MYRIAM VARGAS	_	813 774-4726				
Name o	f Person	at () Area Code Daytin	ne 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address Registration 1 Division of C	Section Corporations	Street Address: Registration So Division of Co The Centre of	orporations			
P.O. Box 6327 Tallahassee, FL 32314		· · · · · · · · · · · · · · · · · · ·	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

From: Trucking Permits And More I

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

ATL TRANSPORTATION LLC	
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) inbility Company)
The Articles of Organization for this Limited Liability Company Florida document number L21000256248	were filed on 6/2/21 and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	# E# 8
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new, registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Fiorida street address
	, Florida
	Cry Zrp 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.

From: Trucking Permits And More I

2021-06-07 13:12:11 UTC

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>	Address	Type of Action
MGR	ALVAREZ, IBELMYS A	8843 POE DRIVE	
		TAMPA, FL 33615	□Remove
			= Change
			□Remove
			□Remove
			□Change
<del></del>			□Add
			⊡Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove

18132001059

ALVAREZ, IBELMYS A

D. If amending any other infort	nation, enter chan	ge(s) here: (Attac.	h additional sheets, if r	necessary.)	
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			<u> </u>	<u> </u>	
<u> </u>			<del></del>		
F. Effective date, if other than a (If an effective date is listed, the date Note: If the date inserted in thi-document's effective date on the	s block does not meet	the applicable statu	tiling or more than <sup>90</sup> days story filing requirements,	optional) alter (thing ) Pursuant , this date will not b	to 605.0207 (3)th te listed as the
If the record specifies a delayed effective record is filed.	ctive date, but not an	effective time, at 12	.01 a m on the earlier of	f. (b) The 90th day	
Dated		0021		A	INC 1.
	_			AHASSE	FILED 2021 JUN -7 AM
	Signature of a men	aber or authorized repr	esentative of a member		- AM

Typed or printed name of signee