121000248219

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800385532048

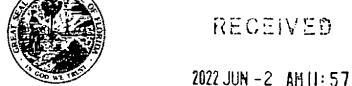
04/11/22--01064--026 **45.75

22 JUN -2 PN 1: 39

T. MATTHEWS

JUN 17 2022

RECEIVED



Letter Number: 822A00010012

FLORIDA DEPARTMENT OF STATE

Division of Corporations

Signition (M) Tallandissella April 29, 2022

RAQUEL SANCHEZ 15452 SW 307 ST HOMESTEAD, FL 33033

SUBJECT: ARES TRUCKING LLC Ref. Number: L21000288219

We have received your document for ARES TRUCKING LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews OPS

www.sunbiz.org

COVER LETTER

TO:

	Registration Se Division of Cor				
CHD IEC		ICKING LLC			
SUBJEC	.1:	Name of Lim	ited Liability Company		
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ndence concerning this matter	to the following:		
		RAQUEL SANCHEZ			
			Name of Person	· · · · · · · · · · · · · · · · · · ·	
		ARES TRUCKING LLC			
			Firm/Company		
		15452 SW 307TH ST			
			Address	· ·	
		HOMESTEAD, FL 33033			
			City/State and Zip Code		
		PANECOM2@HOTMAIL.			
		E-mail address: (to be used for future annual report not	tification)	
For furth	er information c	oncerning this matter, please c	all:		
RAQUE	L SANCHEZ		786 985-6776		
	Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed	is a check for th	ne following amount:			
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres		Street Address:		
	Registration S Division of C		•	Registration Section Division of Corporations	
	P.O. Box 632	7	The Centre of	•	
	Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION CRETARY OF STATE OF DIVISION-OF CORPORATIONS

22 JUN -2 PH 1: 39

Changing Registered Agent, Signature of New Registered Agent

_____ and assigned

ARES TRUCKING LLC

The Articles of Organization for this Limited Liability Company were filed on $\frac{6-20-2021}{1}$

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

Florida document number 1.21000288219	·		
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name	of the limited liability com	npany here:	
The new name must be distinguishable and contain the	words "Limited Liability Compa	any," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE		· · · · · · · · · · · · · · · · · · ·	
maning dauress .mm m. m rogi ovinci			-
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:		on our records, <u>enter</u>	the name of the new registere
New Registered Office Address:	15452 SW 307TH ST		
		Enter Florida street addre:	OS .
	HOMESTEAD	, Fl	orida <u>33033</u>
New Registered Agent's Signature, if changing	City Registered Agent:		Zip Code
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete perforn gistered agent as providea rregistered office address	nance of my duties, a I for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

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>	Type of Action
MGR	ADALBERTO SANCHEZ	15452 SW 307TH ST	
		HOMESTEAD, FL 33033	■Remove
			= Change
			= Add
			□Remove
			∃Change
			⊒Add
			□Remove
			□Change
			□Add
			©Remove
			□Change
			□Add
			□Remove
			⊒Change
			\Add
			□Remove

-	
_	
_	
_	
-	
_	
_	
-	
_	
	·
_	
_	
_	
_	
_	
_	
ffecti	ve date, if other than the date of filing: (optional)
an eff <mark>Sote:</mark>	ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
record is fil	I 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 ed.
ated	MAY 25 2022
	1.// <i>h/1</i>
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee