

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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09.103/21--01023--002 **25.00





2031 SEP -7 AM 11:59

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 24, 2021

SAMUEL HERNANDEZ JR. 3255 PRIME PARK CIRCLE APT 204 KISSIMMEE, FL 34746

SUBJECT: MAYLIN TRUCKING LLC

Ref. Number: L21000307333

We have received your document for MAYLIN TRUCKING LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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

Letter Number: 921A00020236

Alecia Rivers Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT:	Maylin Truc	KING LLC	2321 AUG 12 AM 10: 57
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	•
Please return all correspo	indence concerning this matter	to the following:	
		Vel Hernande; Name of Person	
	Mayl	In Trucking L	<u>LC</u>
	325	5 Prime Park	Circle Apt 204
	<u>K1551</u>	MINEE FL. City/State and Zip Code	34746
		to be used for future annual report not	
For further information e	oncerning this matter, please c	all;	
Samue o	1 Hernaundez f Person	at (<u>973)</u> 633 Area Code Daytin	2 - 5 8 40 ne Telephone Number
Enclosed is a check for the	he following amount:		
\$\square \text{S25.00 Filing Fce}	☐ \$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	Street Address: Registration Se	
Division of C P.O. Box 632	-	Division of Co The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES.OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida)	Company is it now appears on ou Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Co		06-203/ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit 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 agent and/or the new registered office address here:	office address on our records	s, <u>enter the name of the new registered</u> خ ن
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida stre	vet address
		, Florida
·	C'iţv	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	Membe

Title	<u>Name</u>	Address	Type of Action
			∐Add
			□Remove
		∐Remove	
			☐ Change
		Ci Add	
			□Remove
		□Change	
		□Add	
		☐ Remove	
			
			UAdd
		CIRemove	
		LChange	
			□Add
			□Remove
			□ Change

D. II amei	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	Pleuse change Afficie IV electronic
	Pleuse change Article IV electronic Signature from Samantha Hernandez to Samuel Hernandez Jr. Thank You!
	Sanyle Herocodes JE Thunk You!
_	John Wei The
_	
_	
_	
<u></u>	
	
_	
E Effortis	and data if athous than the data of filings.
(If an effe <u>Note:</u> i	tive date, if other than the date of filing:
If the record record is file	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 d.
Dated_	August 4, 2021.
	Samuel Hernander Jan. Signature of Engineer or authorized representative of a member
	SAMUEL HESNANDEZ JR. Typed or printed name of signee