

L21000314948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

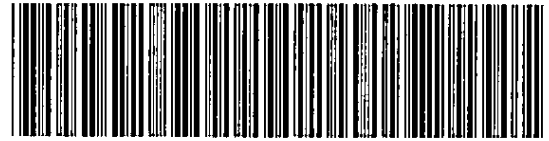
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200372299352

FILED

2021 SEP -1 PM 4:52

SEP 12 2021
TALLAHASSEE, FL

D BRUCE
SEP 12 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEAM A&M TRUCKING 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:

GREISY SUAREZ

Name of Person

DIRECT SOLUTION SERVICES

Firm/Company

1248 Viscaya Pkwy

Address

Cape Coral, FL 33990

City/State and Zip Code

info@directsolutionservices.com

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

For further information concerning this matter, please call:

GREISY SUAREZ

239

443-5846

at ()

Name of Person

Area Code

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
2115 N. Monroe St.
Tallahassee, FL 32301

RECEIVED
TALLAHASSEE
SEP 1 2021

2021 SEP -1 PM 4:52

FILED

TEAM A&M TRUCKING LLC

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 Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------------|-----------------------|--|
| AMBR | LEAL VALDES ANDRES JAVIER | 507 SW TRAFALGAR PKWY | <input type="checkbox"/> Add |
| | | CAPE CORAL, FL 33991 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | MAYDALIS BELLO QUINTANA | 507 SW TRAFALGAR PKWY | <input checked="" type="checkbox"/> Add |
| | | CAPE CORAL, FL 33991 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

FILED
2021 SEP -1 PM 4:12
TALLAHASSEE
FLORIDA

2021 SEP -11 PM 4:52
SECURITY
TALAMISU-47L

REC'D
2021 SEP -1 PM 4:52
SECURITY
TALAM, SO - 147

(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 (3)(b)

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 AUGUST 01, 2021

Signature of a member or authorized representative of a member

MAYDALIS BELLO QUINTANA

Typed or printed name of signee