

21000374418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

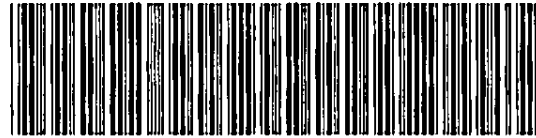
(Business Entity Name)

(Document Number)

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T.A.S  
2021 OCT 12 PM 1:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ATLANTIC MARINE TRAILERS 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:

ALFONSO TOBENAS

Name of Person

ATLANTIC MARINE TRAILERS LLC

Firm/Company

8015 W 21<sup>ST</sup> LN

Address

HEALEAH FL 33016

City/State and Zip Code

JUAN @ ATLANTICMARINESTORE.COM

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

For further information concerning this matter, please call:

JUAN HERNANDEZ

Name of Person

at (305) 297 4391

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  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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         | JUAN HERNANDEZ  | 8083 W 21ST LN    | <input type="checkbox"/> Add               |
|              |                 | HIALEAH, FL 33016 | <input checked="" type="checkbox"/> Remove |
|              |                 |                   | <input type="checkbox"/> Change            |
| AMBR         | MARIA HERNANDEZ | 8083 W 21ST LN    | <input type="checkbox"/> Add               |
|              |                 | HIALEAH, FL 33016 | <input checked="" type="checkbox"/> Remove |
|              |                 |                   | <input type="checkbox"/> Change            |
| MGR          | ALFONSO TOBENAS | 8015 W 21ST LN    | <input type="checkbox"/> Add               |
|              |                 | HIALEAH, FL 33016 | <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            |

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SECURITY STATE AGENCY  
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

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STATE OF ALA  
TALLAHASSEE, FL DRIN

FILED

E. Effective date, if other than the date of filing: 08/20/2021 (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 10/8, 2021.

Juan Hernandez

Signature of a member or authorized representative of a member

JUAN HERNANDEZ

Typed or printed name of signee