

W220000639163
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 : THREE K FAST CARRIER SERVICES INC
Account Number : I20180000033
Phone : (305) 805-3516
Fax Number : (305) 887-5844

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Samanthradulice33@hotmail.com

2022 FEB 17 PM 4:31

RECEIVED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SEBRALES TRUCKING LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

22 FEB 17 PM 3:02
LIFE

COVER LETTER

(412 2000063 9/63)

**TO: Registration Section
Division of Corporations**

SUBJECT: SEBRALES 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:

CARLOS SUBIZA
Name of Person

SEBRALES TRUCKING LLC
Firm/Company

5450 W 5TH AVE
Address

HIALEAH, FL 33012
City/State and Zip Code

SAMANTHADULCE33@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS SUBIZA at (201) 783-3097
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
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

(4220000639163)

SEBRALES TRUCKING LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/05/2022 and assigned Florida document number L22000004662.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

5450 W 5TH AVE

(Principal office address MUST BE A STREET ADDRESS)

HIALEAH, FL 33012

Enter new mailing address, if applicable:

5450 W 5TH AVE

(Mailing address MAY BE A POST OFFICE BOX)

HIALEAH, FL 33012

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CARLOS SUBIZA

New Registered Office Address:

5450 W 5TH AVE

Enter Florida street address

HIALEAH

City

Florida

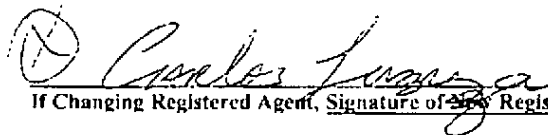
33012

Zip Code

FILED
22 FEB 17 PM 3:03

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 Carlos Subiza Registered Agent

(H220000639163)

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	CARLOS SUBIZA	5450 W 5TH AVE	<input type="checkbox"/> Add
		HIALEAH, FL 33012	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ANA M SANCHEZ	5450 W 5TH AVE	<input checked="" type="checkbox"/> Add
		HIALEAH, FL 33012	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

(#220000639163)

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

N/A

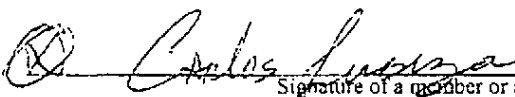
E. Effective date, if other than the date of filing: 02-17-2022 **(optional)**

(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 FEBRUARY 17, 2022


Signature of a member or authorized representative of a member

CARLOS SUBIZA
Typed or printed name of signer