

L22000041102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

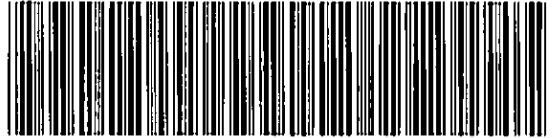
(Document Number)

Certified Copies _____

Certificates of Status _____

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02/14/22--01014--001 **25.00

SECRETARY OF STATE
TALLAHASSEE, FL

2022 FEB 14 AM 8:37
2022 FEB 14 AM 11:20

FILED

Amend

FEB 15 2022

ALBRITTON

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 2/14 DANNY

☐ **CERTIFIED COPY**

xx **PHOTOCOPY**

☐ **CUS**

xx **FILING**

LLC AMEND

1. CICCOTRUCKING LLC

(CORPORATE NAME AND DOCUMENT #)

2.
(CORPORATE NAME AND DOCUMENT #)

3.
(CORPORATE NAME AND DOCUMENT #)

4.
(CORPORATE NAME AND DOCUMENT #)

5.
(CORPORATE NAME AND DOCUMENT #)

6.
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CICCOTRUCKING 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:

EKATERINA KISSELEVA

Name of Person

EGK SOLUTIONS LLC

Firm/Company

7901 4TH STREET NORTH, STE 325

Address

ST. PETERSBURG, FL 33702

City/State and Zip Code

INFO@EGKSOLUTIONS.COM

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

For further information concerning this matter, please call:

EKATERINA KISSELEVA 727 488-6937
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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	MEROLA ARMANDO	2752 NE 5TH AVE	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33431	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ARMANDO MEROLA	2752 NE 5TH AVE	<input type="checkbox"/> Add
		BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: 02/10/2022 (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 02/10/2022

Aug-

Signature of a member or authorized representative of a member

EKATERINA KISSELEVA

Typed or printed name of signee

Filing Fee: \$25.00