8/7/22, 11:38 AM

To:

Division of Corporations

Florida Department of

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(((H22000198213 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ULTIMATE TRUCKING SERVICES LLC

Account Number : [20210000148 Phone : (813)830-1214 Fax Number : (813)200-2096

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN C & L TRUCK LOGHSTICS LLC

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TO: Registratio Division o	on Section f Corporations		
/1 E 7 E - E P / 3/11	Truck Logiistics LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articl	es of Amendment and fee(s) are sub	mitted for filing.	
Please return all cor	respondence concerning this matter	to the following:	
	Gemma Duarte		
		Name of Person	
	Ultimate Trucking Service	s i.i.c	
	*	Firm/Company	<u>-</u>
	1008 Coconut Dr		
		Address	***************************************
	Tampa, FL 33619		
	gduarteuts@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report r	otification)
For further information	tion concerning this matter, please c	all:	
Gemma Duarte		813 830-1214	
N	ame of Person	Area Code Day	time Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F	•	☐ \$55,00 Filing Fee & Certified Copy	[1] \$60.00 Filing Fee. Certificate of Status
		(additional copy is enclosed)	Certified Copy (additional copy is encle

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

To:

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 664285F0-1DCC-4B5E-AC45-D683284778DF ARTICLES OF AMENDMENT TO

H220001982133

ARTICLES OF ORGANIZATION OF

C & L Truck Logustics LLC	_		
(Name of the Limited Liability	Company as it now appears on our records.) Limited Liability Company)		
ÇA UMREA U	Stated Clamity Company)		
The Articles of Organization for this Limited Liability Co	mpany were filed on 04/13/2022	and assigned	
Florida document number L22000178675	-		
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 "Limite	ed Liability Company," the designation "LLC" or the	abbreviation "L.T.,C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	ESS)		
Enter new mailing address, if applicable:			
		<u>-</u> :	
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered	office address on our records, enter the na	me of the new register	red
agent and/or the new registered office address here:			
		21	
Name of New Registered Agent:		122	
Name of New Registered Agent.		= =	`
New Registered Office Address:			
	Enter Florida street address	7 = ジ	7
	, Florida _		Ş
	City	Zip (put)	:-
No. 10 state of Annual Cinemators of shoreston Doubletoned	•		~-
New Registered Agent's Signature, if changing Registered		. \sim	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and conaccept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, and I am ent as provided for in Chapter 605, F.S. O	familiar with and r, if this document is	he

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1) amenting Authorized rerson(s) authorized to manage, enter the title, name, and address of each person, being added
or removed from our records:

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MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Ramon Corona	14511 Sutter PL	
		Tampa, F1, 33625	■Remove
			□Change
MGR Lazaro A Guerra	Lazaro A Guerra	4812 Bonita Vista Dr	■Add
		Tampa, FL 33634	LIRemove
			Ü(Thange
			□ Add
			□Remove
			Cliange
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			FIRemove
			□Change
			DAdd
		□Remove	
			□ Change
	-		□ Add
			□Remove
			□ Change

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ective	date, if other than the date of filing: (optional)
n eftect	ive 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 605.0, the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
cumen	t's effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
is filed	•
,	DocuSigned by:
ted	Occusioned by:
ted	C44
ated	Signature of a member or authorized representative of a member