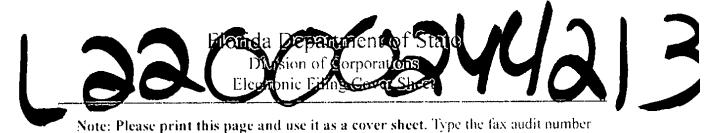
To:



18132001059

(shown below) on the top and bottom of all pages of the document.

(((H220002202373)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRUCKING PERMITS AND MORE LLC

Account Number : I20140000047 : (813)774-4726 Phone Fax Number : (813)877-2186

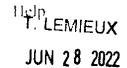
**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:	_
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SKYE TRANSPORT SERVICES LLC

Certificate of Status 0 0 Certified Copy 04 Page Count Estimated Charge \$25.00

Electronic Filing Menu — Corporate Filing Menu



COVER LETTER

TO:	Registration Sec Division of Corp		÷	•
	SKYE TRA	NSPORT SERVICES LLC		
SUBJE	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		JESUS ALONSO BASAR		
			Name of Person	.
		SKYE TRANSPO	ORT SERVICES LLC	
		TRANSPORT SERVICES LLC Name of Limited Liability Company as of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following: JESUS ALONSO BASAIL Name of Person SKYE TRANSPORT SERVICES LLC Firm/Company 24708 NW 122ND AVE Address ALACHUA, FL 32615 City/State and Zip Code ADELKYSFERNANDEZ/@GMAIL.COM E-insal address (to be used for future annual report notification) ion concerning this matter, please call: IASAIL T86 Area Code Daytime Telephone Number for the following amount: are of Person Certificate of Status Certificate Copy (additional copy is enclosed) Miress: ion Section Of Corporations 6327 Registration Section Division of Corporations 6327 The Centre of Tallahassee ee, FL 32314 2415 N. Montree Street, Suite 810		
		24708 NW 122ND AVE		
			Address	
		ALACHUA, FL 32615		
		71777	City/State and Zip Code	report notification) 8-2249 Daytime Telephone Number & Ll \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) ddress; ation Section of Corporations
			адманcom	
For fur	ther information co			ication,
		- · · · · ·		
3E2O3	S ALONSO BASA	Ch	nt (To'eskowy Number
	Name of	recon	Area Code Daytime	e i eseptione Milmber
Enclos	ed is a check for th	e following amount:		
½ \$2	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Registration Sec Division of Corp The Centre of T	porations allahassee 2 Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18132001059

SKYE TRANSPORT SERVICES		·		
(Name of the Limi	ited Liability Company as (A Florida Limited Liabili	it now appear ly Company)	s on our records.	
The Articles of Organization for this Limited L	liability Company were	tiled on	05/26/2022	and assigned
lorida document number 1.22000244213	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability	ompany he	<u>re</u> :	
he new name must be distinguishable and contain the	words "Limited Liability Co	mpany," the de	signation "LLC" or the	observation "L.L.C."
Enter new principal offices address, if applicable:		708 NW 1221	VD AVE, ALACHUA	v, FL 32615
Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:	500	ы N гамра	NIA AVE, TAMPA, I	L 33614
Mailing address MAY BE A POST OFFICE				
B. If amending the registered agent and/or agent and/or the new registered office address.		ess on our re	cords, <u>enter the na</u>	ne of the new registe
Name of New Registered Agent:	JESUS ALONSO BA	\SAIL		
New Registered Office Address:	24708 NW 122ND A	VE		
		Enter Flor	da street address	The second secon
	ALACHUA.		, Florida ³	
	(Tity .		Zip Code

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 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:

18132001059

MGR = Manager AMBR = Authorized Member

Page: 5 of 6

Title	Name	Address	Type of Action
MGR	ALONSO BASAIL, JESUS	24708 NW 122NI) AVE,	■Add
		ALACHUA, FL 32615	□Remove
			□Change
MGR	FERNANDEZ PEREZ, ADELKYS IRENE	24708 NW 122ND AVE	iX Add
		ALACHUA, FL 32615	□Remove
			□Add
			☐ Remove
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fective date, if other than to effective date is listed, the date is test of the date in this cument's effective date on the	ust be specific and connot be block does not meet the a	prior to date of filing pplicable statutory	or more than 90 days	optional) after filing.) Pursuant to , this date will not be	605,02 listed
ecord specifies a delayed effectis filed.	iive date, but not an effect	ive time, at 12:01	a.m. on the earlier o	of: (b) The 90th day (after th
ted	, 2022				
	7		· · · · · · · · · · · · · · · · · · ·		
	Signature of a member of	authorized represen	lative of a member		

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