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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : AB ALL SERVICES INC

Account Number : I20200000155

: (305)882-1238

Phone

Fax Number

: (305)882-1260

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 CHARM TRUCKING, LLC

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|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

JUN 10 2022

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2022 JU. -91 F.4 3: 07

COVER LETTER

TO: Registration Section
Division of Corporations

| RUCKING, LLC. | | |
|--|---|--|
| Name of Lin | inited Liability Company | |
| Amendment and fee(s) are su | bmitted for filing. | |
| ondence concerning this matter | r to the following: | |
| LISETTE DOMINGUEZ | VAZQUEZ | |
| | Name of Person | |
| CHARM TRUCKING, LI | rc | |
| | Firm/Company | |
| 177 BLAKELY AVE S | | .; |
| | Address | |
| LEHIGH ACRES | | 5 <u>7</u> |
| AB1100@YAHOO.COM | City/State and Zip Code | ation) |
| | to be used for future annual report notific | ation |
| | | . : • |
| VAZQUEZ | 239 565-7559 | |
| Person | | Celephone Number |
| e following amount: | | |
| □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| <u> </u> | Street Address: | |
| | Name of Li Amendment and fee(s) are su condence concerning this matte LISETTE DOMINGUEZ CHARM TRUCKING, Li 177 BLAKELY AVE S LEHIGH ACRES AB1100@YAHOO.COM E-mail address: it concerning this matter, please of the VAZQUEZ Person e following amount: \$30.00 Filing Fee & Certificate of Status | Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: LISETTE DOMINGUEZ VAZQUEZ Name of Person CHARM TRUCKING, LLC Firm/Company 177 BLAKELY AVE S Address LEHIGH ACRES Crty/State and Zip Code AB1100@YAHOO.COM E-mail address: (to be used for future annual report notific oncerning this matter, please call: VAZQUEZ Person at (|

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Jun. 9. 2022 2:49FM

ARTICLES OF AMENDMENT

No. 5713 P. 3

TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Company as it now a (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed of Florida document number L22000252340 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company | | d |
|--|--|---|
| Florida document number L22000252340 This amendment is submitted to amend the following: | on 06/09/2022 and assigne | đ |
| This amendment is submitted to amend the following: | | |
| · · | | |
| A. If amonding name and the name and the limited like 194 | | |
| A. It altieligible frame, enter the new name of the limited framity compar | ny here: | |
| | <u> </u> | |
| 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: 177 BLAK | CELY AVE S | |
| (Principal office address MUST BE A STREET ADDRESS) LEHIGH A | ACRES, FL 33974 | |
| | 12/31 | |
| | - 100 m | , |
| Enter new mailing address, if applicable: 177 BLAK | CELY AVE S | |
| (Mailing address MAY BE A POST OFFICE BOX) LEHIGH A | ACRES, 33974 | |
| | | |

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.

11 am jun. 9. 2022 1. 2:50 pmn(s) authorized to manage, enter the title, name, and address No. 5713 ersop. 4 sing added or removed from our records:

MGR = Manager AMBR = Authorized Member

| Title | Name | Address | Type of Action |
|---------------|---------|---------------------|----------------|
| MGR | LISETTE | 177 BLAKELY AVE S | □Add |
| | | LEHIGH ACRES, 33974 | □Remove |
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| | | _ |
| Effective date, if other than the date of filing: | (optional) | |
| (If an effective date is listed, the date must be specific and cannot be prior to date of filing or Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records. | more than 90 days after filing.) Pursuant to | 605.0207 (3) listed as the |
| he record specifies a delayed effective date, but not an effective time, at 12:01 a.m ord is filed. | . on the earlier of: (b) The 90th day a | ifter the |
| Dated 06/09/2022 | | |
| Dated 06/09/2022 | | |

Filing Fee: \$25.00

Typed or printed name of signee