

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet**L2200024946734**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H220002494673)))



H220002494673ABC3

**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  
Phone : (813)774-4726  
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:** \_\_\_\_\_**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN****NISSI TRASNPORATION SERVICES LLC**

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

2022 JUL 22 PM 12:56

2022 JUL 22 PM 12:11

ATTORNEY  
FILING[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

JUL 22 2022

&lt; Brumley

## COVER LETTER

TO: Registration Section  
Division of CorporationsSUBJECT: NISSI TRASNPORATION SERVICES 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:

MESTRE ZALDIVAR, JOSE L

---

Name of Person

NISSI TRASNPORATION SERVICES LLC

---

Firm/Company

5206 WINDLAFF AVE

---

Address

TAMPA, FL 33625

---

City/State and Zip Code

yuni1976.yrv@gmail.com

---

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

For further information concerning this matter, please call:

MESTRE ZALDIVAR, JOSE L

---

Name of Person

239

2651966

---

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 32314Street 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**

NISSI TRASNPORATION SERVICES 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 07/12/2022 and assigned Florida document number 122000310734.

This amendment is submitted to amend the following:

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

NISSI TRANSPORTATION SERVICES LLC

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

Enter new principal offices address, if applicable:

*(Principal office address MUST BE A STREET ADDRESS)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Enter new mailing address, if applicable:

*(Mailing address MAY BE A POST OFFICE BOX)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_

*City*

*Florida*

*Zip Code*

2022  
Jul 12  
FL  
11211

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 603, 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:

MGR = Manager

AMBR = Authorized Member

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

E. 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 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 07-22 2022

*[Signature]*

Signature of a member or authorized representative of a member

MESTRE ZALDIVAR, JOSE L.

Typed or printed name of signee

Filing Fee: \$25.00