To:

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(((H23000213733 3)))



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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

WED	AN 9:52	DE STATE RPORATIONS E, FLORIDA
	41 RUL 821	DEPARTMENT NVISION OF CO TALLAHASSE

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 -ALMANZAS TRUCKING SERVICE LLC

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T. LEMIEUX

JUN 15 2023

ن		COVER LETTER	ř
TO: Registration S Division of Co	rporations		·
ALMANZ	AS TRUCKING SERVICE LI	C	
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amondment and fee(s) are sub	omitted for filing.	
Please return all corresp.	ondence concerning this matte:	to the following:	
	SAIKEL ALMANZA RO	DRIGUEZ	
	·	Name of Person	
	ALMANZAS 1	TRUCKING SERVICE LLC	
		Firm/Company	
	6919 N THATCHER AV	-	
		Address	
	TAMPA, FL 33614		
		City/State and Zip Code	
	almanzastrucking@gmail.c	om (to be used for future annual report no	·× · · · · · · · · · · · · · · · · · ·
For firster information		•	mication)
	concerning this matter, please o		
SAIKEL ALMANZA R		813 562-0157 at ()	,
Name o	of Person	Ares Code Daytir	ne Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration of C P.O. Box 632 Tallahassec,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	rporations
			be Street, Suite 810

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALMANZAS TRUCKING SERVICE LLC					
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)				
The Articles of Organization for this Limited Liability Compar			and assig	gned	
Florida document number L22000370431					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	ability company here:				
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC"	or the abbre	iation "L.I	C."	-
Enter new principal offices address, if applicable:		<u></u>			_
(Principal office address MUST BE A STREET ADDRESS)					_
					-
Enter new mailing address, if applicable:					-
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>	**************************************		-
	4 4				_
B. If amending the registered agent and/or registered office	ce address on our records, <u>enter t</u>	he name o	f the new	v regist	ered
agent and/or the new registered office address here:					
		16	1-	20?	
Name of New Registered Agent:	 			<u></u> .	
New Registered Office Address:	Enter Florida street address				
•			.•	Ţ.,	:
<u> </u>	, Flo	rida	Zin Code		<u>. </u>
and the state of t	•			<i>ب</i> عـ	
New Registered Agent's Signature, if changing Registered Age		•	-		.1 .
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance of my duties, an as provided for in Chapter 605. I	a.i ani jan F.S. Or, if	niciar wii this doci	ın anu ıment i.	
			•		
177	Changing Registered Agent, Signature of	New Regis	tered Agen	nt .	
11.5	THERE WEBSTELLE WHEN OF HEATON OF			_	

To:

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>Titie</u>	Name	Address	Type of Action
AMBR	BUIL MANDRI, LEONARDO	5831 N 39TH AVE	■Add
		PHOENIX, AZ 850191949	
		-	□Add
			IRemove
· n== ··			
			Remove
			□Change
·			□Add
			□Кетюче
			□ □ Change
			□Remove
			DChange
······································			bbAG
			□Remove
			Change

To;

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
the record ford is fil	
Dated	6/13/23 Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	SAIKEL ALMANZA RODRIGUEZ Typed or printed name of signee