To: Gemma Duarte

₀ Page: 1 of 7

10/4/22, 10:54 AM



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Division of	Corporations
Fax Number	: (850)617-6383

From:

To:

Account Name	:	ULTIMATE TRUCKING SERVICES LLC
Account Number	:	120210000148
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:___

2022 0C1 -- 4 - AN 11: 55

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DOMINGUEZ TRANSPORT LLC

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COVER LETTER

TO: Registration Section Division of Corporations

DOMINGUEZ TRANSPORT LLC

SUBJECT:

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:

Gemma Duarte

Name of Person

Ultimate Trucking Services LLC

Firm/Company

1008 Coconut Dr

Address

Tampa, FI 33619

City/State and Zip Code

gduartcuts@gmail.com

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

For forther information concerning this matter, please call:

Gemma Duarte		813	839-1214	
		at (_)	
Name	of Person	Area Code	 Daytime Telephone Number 	

Enclosed is a check for the following amount:

🗎 \$25.00 Filing Fee

El \$30,00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) LI \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

nma Duarta	Page: 5 of 7	2022-10-04 14:58:47 GMT	18132002096	From: Ultimate Trucking Servic
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	ч.	ARTICLES OF ORGAN OF	IZATION	
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D	OMINGUEZ TRANSPOR			
_	(Name of the	<u>Limited Liability Company as it now</u> (A Florida Limited Liability Cor	appears on our records.)	
The Articles of (Organization for this Limi	ited Liability Company were filed	on <u>09/30/2022</u>	and assigned
Florida documei	nt number <u>L22000423200</u>	,		
This amendmen	t is submitted to amend th	ie fottowing:		
A. If amending	g name, <u>enter the new na</u>	ume of the limited liability comp	any here:	
Dominguez True	king Services LLC			
The new name mus	st be distinguishable and contai	n the words "Limited Liability Company	y." the designation "LLC" or	the abbreviation "L.L.C."
Enter new prin	cipal offices address, if :	applicable:		
	e address MUST BE A <u>S</u>			
<u>transford D</u> III.				
Futur nam mail	ling address if appliabl	L.,		
	ling address, if applicabl		·····	<u> </u>
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		17		same of the new residured
	g the registered agent an	d/or registered office address or address here:	i our records, <u>enter the</u>	hame of the new registered
<u></u>		······		
Name	of New Registered Agent			
<u>, anne</u>		·		<u> </u>
N D	Lastranad (NEE an Addams			

New Registered Office Address: Enter Florida street address , Florida ______, City 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.

To: Gemma Duarte

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2022-10-04 14:58:47 GMT

18132002096

From: Ultimate Trucking Services

DocuSign Envelope ID: 4248C6DA-52F1-4119-84BE-FFE9DA6B7935 in amenuing Authorized recounts) authorized to manage, <u>enter the title, name, and address of each person-being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

.

<u>Title</u>	Name	Address	Type of Action
MGR	Yaritza Ramos	4171 SW 167TH ST	ÜAdd
		Ocala, FL 34473	
			□Change
MGR	Evelio Dominguez	4171 SW 167TH ST	🖹 Add
		Ocala, FL 34473	I_IRemove
			🖾 (Thange
			🗋 Add
			ÜRemove
			🗋 Change
			🗋 Add
			[]Remove
			Change
			🗆 Add
			🖸 Remove
		<u> </u>	[] Change
			🗋 Add
			CIRemove
			🗆 Change

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

ective	date, if other than the date of filing:
1 effect	ve 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.
<u>te:</u>	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed is effective date on the Department of State's records.
rumen	s enective date on the typartment of state s records.
cord s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
s filed	
	DocuSigned by:
	Evelis Domingues
	Evelis Domingues