

10/4/22, 10:54 AM

L22000423200

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : ULTIMATE TRUCKING SERVICES LLC
Account Number : I20210000148
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: _____

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

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2022 OCT -4 AM 11:59

2022 OCT -4 PM 12:04

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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OCT 05 2022

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOMINGUEZ TRANSPORT 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:

Gemma Duarte

Name of Person

Ultimate Trucking Services LLC

Firm/Company

1008 Coconut Dr

Address

Tampa, FL 33619

City/State and Zip Code

gduarteuts@gmail.com

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

For further 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

☐ \$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 32314

Street Address:

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

If Changing Registered Agent, Signature of New Registered Agent

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In 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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Yaritza Ramos	4171 SW 167TH ST	<input type="checkbox"/> Add
		Ocala, FL 34473	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Evelio Dominguez	4171 SW 167TH ST	<input checked="" type="checkbox"/> Add
		Ocala, FL 34473	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

[illegible]

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 _____

- DocuSigned by:

Eulio Dominguez

—03446555 AGC 1463.

Signature of a member or authorized representative of a member

Evelio Dominguez

Typed or printed name of signee

Filing Fee: \$25.00