To:

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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

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 AGUILA FENCE SERVICES LLC

| Certificate of Status | 0 |
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| Page Count | 04 |
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COVER LETTER

| TO: | Registration Se Division of Cor | | | ŧ |
|-------------------|--|--|--|--|
| SUBJEC | AGUILA F | ENCE SERVICES LLC | | |
| | · · · | Name of Lim | ited Liability Company | |
| The encl | osed Articles of | Amendment and fec(s) are sub | mitted for filing. | |
| Please re | tum all correspo | ndence concerning this matter | to the following: | |
| | | OSORIO CRUZ, MANUE | Г. | |
| | | | Name of Person | |
| | AGUILA FENCE SERVICES LLC Firm/Company 6817 E 21ST AVENUE Address | | | |
| | | | Firm/Company 21ST AVENUE Address A. FL 33619 | |
| | | 6817 E 21ST AVENUE | | |
| | | | Address | |
| | | TAMPA, FL 33619 | | |
| | | | City/State and Zip Code | - |
| | | mararelosoriocraz@ieloud. | com o be used for future annual report notificat | |
| For furth | er information co | oncerning this matter, please or | | ionj |
| OSORIC |) CRUZ, MANU | EL | 813 7533080 | |
| Name of Person | | Person | Area Code Daytime Te. | lephone Number |
| Enclosed | is a check for th | e following amount: | | |
| X) \$25,6 | 00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | Cl \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address Registration S | | Street Address: Registration Section | n |

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

Page: 5 of 7

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

| AG | IUILA FENCE SERVICES | LLC | | |
|---|--|---|--|---|
| (Name of the Lim | (A Florida Limited Liability | now appears on our record Company) | <u>(s.</u>) | - |
| The Articles of Organization for this Limited I Florida document number 1.22000429348 | Liability Company were f | iled on 10/05/2022 | and | nssigned |
| This amendment is submitted to amend the fol | lowing: | | | |
| A. If amending name, enter the new name of | of the limited Hability co | nipany here: | | |
| The new name must be distinguishable and contain the | words "Limited Liability Com | puny." the designation "LLC" | " or the abbreviation | "L.L.C." |
| Enter new principal offices address, if applie | cable: | | | |
| (Principal office address MUST BE A STREE | ET ADDRESS) | | | |
| | | | | , , , , , , , , , , , , , , , , , , , |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE | BOX) | | | |
| | | | | |
| | to the second | | | |
| B. If amending the registered agent and/or a agent and/or the new registered office addre | registered office address | on our records, enter | the name of the n | ew registered |
| agent and of the new registered office andre | ss nere: | | | |
| Name of New Registered Agent: | w Registered Agent: AGUILA GARCIA : YENSI | | | |
| New Registered Office Address: | 6817 E 21ST AVENUE | | | |
| , | | Enter Florida street address | ····· | 2 |
| | ТАМРА | . Flo | rida 33619 Zip Cod | ية ت |
| | Cin | | Zip Cod | C 4 |
| New Registered Agent's Signature, if changing I | Registered Agent: | | | 2. |
| I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this | er and complete perfort stered agent as provided registered office addres: | nance of my duties, and Hor in Chapter 605 - F | d I am familiar w ES Or 18 this dis | rith and |
| | If Changing Rec | istered Agent. Signature of | Bank to the latest to the late | |

To:

Page: 6 of 7

2023-10-24 16:56:11 GMT

18132001059

From: Trucking Permits And More LLC

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>Title</u> | Name | Address | Type of Action |
|--------------|----------------------|--------------------|----------------|
| MGR | OSORIO CRUZ, MANUEL | 6817 E 21ST AVENUE | DAdd |
| | | TAMPA, FL 33619 | |
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| MGR | AGUILA GARCIA, YENSI | 6817 E 21ST AVENUE | ≣ ∧dđ |
| | | TAMPA, FL 33619 | С Rепюче |
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| | re date, if other than the date must be the date is listed, the date must be fithe date inserted in this block on the Dep | a coes not meet me | аррасарие канию | ing or more than 90 dary filling requireme | _(optional) ays after filing.) Pursuant ats. this date will not | to 605.0207 (be listed as tl |
| | specifies a delayed effective of | late, but not an effec | tive time, at 12:0 | l a.m. on the earlie | r of: (b) The 90th da | y after the |
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| ad is file | 10-24- | 2023 LCC gnature of a member o | r authorized represe | entative of a member | | _ |

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