

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : VANJOPI SOLUTIONS INC
Account Number : I20220000179
Phone : (201)658-4981
Fax Number : (407)289-8988

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
TOP TOWING LLC

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Corporate Filing Menu

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MAR - 2 2023

COVER LETTER

" +1230000781663 "

TO: **Registration Section**
Division of Corporations

SUBJECT: TOP TOWING 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:

MARIA P VENTURA

Name of Person

VANJOPI SOLUTIONS INC

Firm/Company

9469 CANDICE CT

Address

ORLANDO, FL 32832

City/State and Zip Code

VANJOPI@GMAIL.COM

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

For further information concerning this matter, please call:

MARIA P VENTURA

201 658-4981

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

11 7200-1

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TOP TOWING 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 10/26/2022 and assigned
Florida document number L22000460268.

This amendment is submitted to amend the following:

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

LATINOS TRUCKS LLC

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

Enter new principal offices address, if applicable:

8810 COMMODITY CIR STE 16G

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32819

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

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.

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	FREDY G ROMERO GUTIERREZ	11775 FOUNDERS ST	<input type="checkbox"/> Add
		ORLANDO, FL 32832	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JHON A ROMERO PARRA	11556 ECHO LAKE CIR UNIT 108	<input type="checkbox"/> Add
		BRADENTON, FL 34211-2536	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GELLY JOHANNA DUARTE	11775 FOUNDERS ST	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32832	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

CHANGE NAME FROM : TOP TOWING LLC TO LATINOS TRUCKS LLC.

TO LATINOS TRUCKS LLC.

REMOVE : FREDY G ROMERO GUTIERREZ

REMOVE : JHON A ROMERO PARRA

AMBR : GELLY JOHANNA DUARTE

11775 FOUNDERS ST

ORLANDO, FL 32832

E. Effective date, if other than the date of filing: 02-27-2023 (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 02/27/2023

Signature of a member or authorized representative of a member

Fredy Romero

Typed or printed name of signer