

L22000515377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

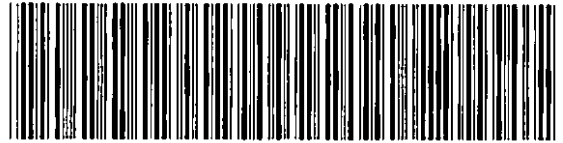
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2023 OCT -1 PM 3:20

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MDP TRUCKING 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:

MAIKEL DURAN DE LA PAZ

Name of Person

MAIKEL DURAN

Firm/Company

45 WEST 38TH ST

Address

JACKSONVILLE, FL 32206

City/State and Zip Code

MAIKELDURANDELAPAZ@GMAIL.COM

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

For further information concerning this matter, please call:

MAIKEL DURAN DE LA PAZ

727 273-3496
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

MDP TRUCKING 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 09/01/2023 and assigned
Florida document number L22000515377.

This amendment is submitted to amend the following:

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

SAME

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:

(Principal office address MUST BE A STREET ADDRESS)

45 WEST TH ST

JAX.FL,32206

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:

MAIKEL DURAN DE A PAZ

New Registered Office Address:

45 WEST 38TH ST

Enter Florida street address

JACKSONVILLE

City

Florida 32206

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.


Maikel Duran De A Paz
If Changing Registered Agent, Signature of New Registered Agent

If an existing Authorized Person(s) is authorized to manage, enter the title, name, and address of each person being added or removed from the group, regarding:

MEMBER = Member

AMBER = Authorized Member

Title	Name	Address	Type of Action
V	ARIELYS C. C. STARLIN	1400 WOODHURST	<input checked="" type="checkbox"/> Add
		SOUTHWEST PLAZA #1	<input type="checkbox"/> Remove
		FL 33411	<input type="checkbox"/> Change
S	JOSE C. VALDIVIA VERA	1011 BERMUDA AVE APT 1605	<input checked="" type="checkbox"/> Add
		ORANGE PARK, FL 32073	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
S	LAZARO RUIZ MUNOZ	1137 RING RD	<input checked="" type="checkbox"/> Add
		NORTH PORT, FL 34286	<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

10. If a ruling, any other information, enter changes) here: Att. 1 of the not subject of the

11. Effective date, if other than the date of filing: _____ (optional)

or, if effective date is later, the date must be specified and cannot be prior to date of filing or more than 90 days after filing. (Pursuant to 603.0207 (1)(b))

Notes: 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.

12. The time of deposit is a date, not an effective date, but not an effective time, at 12:01 a.m. on the earlier of: (a) The 50th day after the date of filing.

13. I hereby certify that the foregoing is true and correct.

[Signature]
I am either a member or authorized representative of a member

Lucía de la Paz
Typed or printed name of signer

Filing Fee: \$25.00