## 123000016436

(Re	equestor's Name)	-
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
		_
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(Do	cument Number)	<del></del>
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO:

TO: Registration So Division of Cor			
	TRUCK SERVICES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	_	
	DANIEL MARTIN RODE	RIGUEZ	
		Name of Person	
	PREMIUM TRUCK SERV	VICES LLC	
		Firm/Company	<del></del>
	12401 W OKEECHOBEE	RD LOT 393	
		Address	
	HIALEAH GARDENS, FI	_ 33018	
	***	City/State and Zip Code	
	DANIELR 1290@YAHOO.	COM to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c		,
DANIEL MARTIN RO		786 760-1779	
Name (	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
	☐ \$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 Addre Registration Division of O P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PREMIUM TRUCK SERVICES LLC

company has been notified in writing of this change.

2023 OCT 12 PH 5: 42

(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	•
		Alle ast	- 4
The Articles of Organization for this Limited I	Liability Company were filed on ##	<del>/19/2023</del> 01/09/2023 and a	ssigned
Florida document number L23000016436	<del></del> •		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company h	<u>ere</u> :	
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 appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
		<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	(BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addresses		records, <u>enter the name of the r</u>	iew regis
agent and of the new registered office address	to the second se		
Name of New Registered Agent:	ROSMERY ROSABAL		
New Registered Office Address:	New Registered Office Address: 12401 W OKEECHOBEE RD LOT 393		
	Enter Flo	rida street address	
	HIALEAH GARDENS	, Florida 33018	
	City	Zip Coo	le
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register	ed agent and agree to act in this	capacity. I further agree to co	mply wit
provisions of all statutes relative to the pro			

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

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>	Address	Type of Action
MGR	ROSMERY ROSABAL	12401 W OKEECHOBEE RD LOT 393	<b>≣</b> Add
		HIALEAH GARDENS, FL, 33018	□Remove
			Change
			□Add
			Remove
		□Add	
			Remove
			Change
			□Add
		- Laire	□Remove
			□Change
		□Add	
		□Remove	
		□Add	
			Remove
		, M. Tr	□Change

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+	
	10/09/2023
	date, if other than the date of filing:
iote: If the	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocument	's effective date on the Department of State's records.
record sp I is tiled.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
- 15 111001	
Oated 09	OCTOBER 2023
	Kalobó!
	ignature of a member or authorized representative of a member
	ROSEMERY ROSABAL EIGUEREDO
	Typed or printed name of signee

Filing Fee: \$25.00