# Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240001297213)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YCK TRANSPORT LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

APR 1 0 2024 K. Brumbley

Tallahassee, FL 32303

## COVER LETTER

TO:				•	4
CCDIE				<b>*</b> :	
SUBJEC	CI:			nited Liability Company	
The encl	Division of Corporations.  YUK TRANSPORT LLC  Name of Limited Liability Company  Transport LLC  Name of Limited Liability Company  Name of Limited Liability Company  Name of Limited Liability Company  And Correspondence concerning this matter to the following  YOSEL FLAQUET BORREGO  Name of Person  YUK TRANSPORT LLC  FinatCompany  4150 10711 AVE NE  Address  NAPLES FL 34120  City/State and Zip Code  yoselflaquet83@pmail.com  Limial address, (to be used for future annual report notification)  For further information concerning this matter, please call.  ONEL FLAQUET BORREGO  Name of Person  Name of P				
Please is	eturn all co	rrespor	idence concerning this matter	to the following	
			YOSEL FLAQUET BORI	REGO	
				Name of Person	<del> </del>
			YCK TRANSPORT LLC		
				Firm/Company	
			4150 10TH AVE NE		
				Address	
			NAPLES FL 34120		
				City/State and Zip Code	
			E-mail address: (	to be used for future annual report no	ification)
For furth	ner informa	ition co	nceining this matter, please c	all.	
YOSEL	.FLAQUE	T BOR	REGO		
	N	lame of	Person	Area Code Daytir	ne Telephone Number
Enclosed	d is a check	of or the	: following amount:		
<b> ■ \$25</b> .	,00 Filing b	iee		Certified Copy	Certificate of Status & Certified Copy
					•
	Tallahas				be Street, Suite 810

#### From: Trucking Permits And More LLC

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YCK TRANSPORT LLC		
(Name of the Limited Lightlity Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Comparing the Landscape Florida document number Landscape La	any were filed on $\frac{5/16/23}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited I t	ability Company. The designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		
		<u> </u>
B. If amending the registered agent and/or registered office	ce address on our records, <u>enter the nam</u>	e of the new registere
agent and/or the new registered office address here:		124 APR
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	<u> </u>
	Florida	မှာ
	Cny	Zip Cody

#### 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 charge in the registered office address, I hereby confirm that the limited hability company has been notified in writing of this change.

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
AMBR	MARTINEZ RIVES, CHAVELY	4150 10TH AVE NE	TAdd
		NAPLES, FL 34120	■ Remove
			UChange
		<del></del>	□Change
			□Add
			C.Remove
			Change
			Remove
<del></del>			. JAdd
			L. Remove
			DChange
			□Add
			□ Remove
			□Change

			<u></u>	
			<del></del>	
	-			
********		••• -		
	4/9/24			
ffective date, if other than the d an effective date is listed, the date must l ote: If the date inserted in this bloc ocument's effective date on the Dep	ate of filing:  be specific and cannot be prior to  k does not meet the applicat	o date of filing or more than 90 ble statutory filing required	(optional) I days after filing ) Pursuant to 605 6 ments, this date will not be liste	0207 (3) d as the
record specifies a delayed effective is filed.	date, but not an effective tin	ne, at 12.01 a m on the ear	her of (h). The 90th day after	the
i is med				
APRIL 9	2024	- ·		
APPH 0	. 2024	- A		