

L23000517293

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H24000090657 3)))



H2400009065734BC0

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 : 120140000047
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: _____

RECEIVED

2024 MAR -7 PM 4:24

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SHARING CARE INSURANCE LLC

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

STATE OF FLORIDA
DIVISION OF STATE

2024 MAR -7 PM 12:59

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX
MAR 08 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHARING CARE INSURANCE 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:

PRADO CUMBRERA, ALEJANDRO

Name of Person

SHARING CARE INSURANCE LLC

Firm/Company

9301 ASHFIELD CT

Address

TAMPA, FL 33615

City/State and Zip Code

sharingcarellc@gmail.com

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

For further information concerning this matter, please call:

PRADO CUMBRERA, ALEJANDRO

727

2943658

Name of Person

at (_____) _____

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHARING CARE INSURANCE 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 11/15/2023 and assigned
Florida document number L23000517293

This amendment is submitted to amend the following:

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

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)

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:

AGUILAR CUMBRERA, YODEISY

New Registered Office Address:

9301 ASHFIELD CT

Enter Florida street address

TAMPA

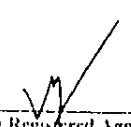
City

Florida 33615

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	AGUILAR CUMBRERA, YODEISY	9301 ASHFIELD CT	☒ Add
		TAMPA, FL 33615	☐ Remove
			☐ Change
AMBR	PRADO CUMBRERA, ALEJANDRO	9301 ASHFIELD CT	☐ Add
		TAMPA, FL 33615	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

E. Effective date, if other than the date of filing: _____ (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

3/7/

2024

Signature of a member or authorized representative of a member

ALEJANDRO PRADO CIMBRERA

Typed or printed name of signer

Filing Fee: \$25.00