

L24000245993

SW

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

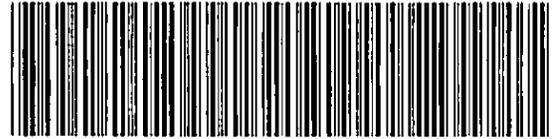
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

AM LH

Office Use Only



900438472519

FILED

2024 DEC 13 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Amado Quiroga 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:

Amado Quiroga
Name of Person

Amado Quiroga Trucking, LLC
Firm/Company

492 NE 5 Street
Address

Florida City, FL
City/State and Zip Code

maryq911@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maribel Quiroga at (786) 889-8373
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

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	Maribel Quiroga	492 NE 5 Street	<input checked="" type="checkbox"/> Add
		FloridaCity,FL	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	David Quiroga	492 NE 5 Street	<input checked="" type="checkbox"/> Add
		Florida City, FL 33034	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AmadoQuiroga		<input type="checkbox"/> Add
			<input checked="" 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

