9/3/24, 5:31 PM



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

(((H240002996913)))



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 : DIRECT SOLUTION SERVICES

Account Number : 120230000083 Phone : (239)443-5846 Fax Number : (800)920-4857

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLORIDA TRUCK SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu — Corporate Filing Menu

Help f Lit TUX

SEP - 5 2024

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: FLOR	IDA TRUKE SERV Name of Lin	ICES LUC nited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	GREISY SUAREZ		
		Name of Person	<del></del>
	DIRECT SOLUTION SE	RVICES	
		Firm/Company	
	1248 VISCAYA PKWY		
		Address	
	CAPE CORAL FL 33990		
		City/State and Zip Code	
	INFO@DIRECTSOLUTIO		
		to be used for future annual report not	ification)
For further information of	concerning this matter, please o	all:	
GREISY SUAREZ		239 4435846 at ( )	
Name	of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 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 enclose
		Course Address of	

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

FLORIDA TRUCK SERVICES LI	.c		
(Name of the Limit	ed Liability Company as it now appears on ou (A Florida Limited Liability Company)	r records.)	
The Articles of Organization for this Limited L Florida document number	iability Company were filed on 06/17/20	24 and a	issigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability company here:		
The new name must be distinguishable and contain the v	words "Limited Liability Company," the designation	on "LLC" or the abbreviation	L.L.C."
Enter new principal offices address, if applie	eable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE	BOX)	24 \$	
		<u> </u>	-17
		<del>ا</del>	1
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office address on our records ess here:	, enter the name of the n	ew:registere
Name of New Registered Agent:	HURTADO RIVERA, YASMANI		
New Registered Office Address:	79 VINE ST		
	Enter Florida stre	et address	
	NORTH FORT MYERS	, Florida 33917	
	City	Zip Cod	

## 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

Title	Name	Address	Type of Action
AMBR	HURTADO RIVERA, YASMANI	79 VINE ST	圖Add
		NORTH FORT MYERS FL 33917	_
			DAdd
			П Кетоус
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			Change
			DAdd
			DRemove
			□Change
			Change

·	<del></del>
Effective date, if other than the d	date of filing: (optional)
(If an effective date is fisted, the date must   Note: If the date inserted in this block	date of filing:
document's effective date on the Der	ex does not meet the applicable statutory tiling requirements, this date will not be listed as the partment of State's records.
ne record specifies a delayed effective ord is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2024
	<del></del>
	Church -
	signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee