

L24000383706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

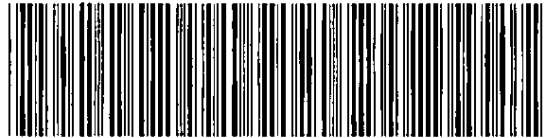
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

AB

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FAK 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:

FERNANDEZ, MERCEDES

Name of Person

FAK TRUCKING LLC

Firm/Company

6518 TRAVIS BLVD

Address

TAMPA, FL 33610

City/State and Zip Code

faktrucking24@gmail.com

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

For further information concerning this matter, please call:

MERCEDES FERNANDEZ at (432) 557-5015
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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>
MGR	MERCEDES FERNANDEZ	1709 WOODHAVEN DR	<input type="checkbox"/> Add
		BRANDON, FL 33510 ES	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MERCEDES FERNANDEZ	6518 TRAVIS BLVD	<input checked="" type="checkbox"/> Add
		TAMPA 33610	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

WE ARE AMENDING TO CHANGE THE REGISTERED AGENT MAILING ADDRESS.

THE MAILING ADDRESS AND Authorized Person(s) Detail


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 SEPTEMBER 26, 2024



Signature of a member or authorized representative of a member

Mercaderes fernandez

Type or printed name of signee