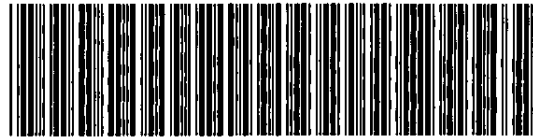


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

APR 12 2017
Y SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HERCULES 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:

WIS ANTONIO RODRIGUEZ GAYREY
Name of Person

HERCULES TRUCKING, LLC
Firm/Company

6051 10TH AVE N
Address

GREENACRES, FL - 33463
City/State and Zip Code

La.Rodriguez08@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WIS RODRIGUEZ at (561) 307-9681
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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	LUIS RODRIGUEZ	6051 10 TH N, GREEN ACRES	<input checked="" type="checkbox"/> Add MGR
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AUTHORIZED PERSON	LUIS RODRIGUEZ	6051 10 TH N, GREEN ACRES	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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17 APR 10 PM 12:50
 TAMPA, FLORIDA

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

AUTHORIZED person(s) - Detail — Luis A Rodriguez

17 APR 10 PM 12:00
TAMM HANSEN, FLORIDA

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 4/4/2017

Signature of a member or authorized representative of a member

Luis Antonio Rodriguez

Typed or printed name of signee