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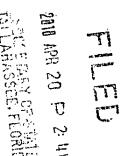
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| Special Instructions to F | iling Officer: | |
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Office Use Only



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COVER LETTER

| SUBJECT: | HIDAL | GO'S TRANSPORTATION | LLC | | | |
|-----------------------|----------------|--|---|--|------------------|------------|
| SUBJECT: | | Name of Limi | ited Liability Company | | | |
| The enclosed A | rticles of An | nendment and fee(s) are sub- | mitted for filing. | | | |
| Please return al | l corresponde | ence concerning this matter | to the following: | | | |
| | | | JOSE R. HIDALGO | | | |
| | | | Name of Person | | | |
| | | | Firm/Company | | | |
| 3513 SW RONALD STREET | | | | | | |
| | | | Address | | | |
| | | PORT S. | AINT LUCIE, FLORIDA 34953 | | | |
| | | МІНІ | City/State and Zip Code DALGO0510@GMAIL.COM | | 2011 | |
| | · · · | | o be used for future annual report notific | cation) Since | 2018 APR 20 | jj |
| For further info | rmation conc | erning this matter, please ca | d1: | の影響 | 20 | Pages make |
| | JOSE R. HIL | DALGO | 786 318 - 6568 (| OR (407)780 -6883 | T. | |
| | Name of Pe | rson | | Telephone Number | 2։ Կև | |
| Enclosed is a cl | heck for the f | ollowing amount: | | | | |
| \$25.00 Filin | ng Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Certificate of Certified Cop (additional copy | f Status & py | |

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| HIDALGO'S TRANSPO | ORTATION LLC | | |
|---|---|-------------------------|---------------------|
| (Name of the Limited Liability Compan (A Florida Limited Li | y as it now appears (ability Company) | on our records.) | |
| The Articles of Organization for this Limited Liability Company v | vere filed on | 02/23/2018 | and assigned |
| lorida document numberL18000049187 | | | |
| his amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabil | ity company here | <u>:</u> : | |
| JOSE R. HIDALGO LLC | | | |
| he new name must be distinguishable and contain the words "Limited Liabilit | y Company," the desi | gnation "LLC" or the al | breviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| · · · | | | |
| Principal office address MUST BE A STREET ADDRESS) | - | | |
| Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u> | | | |
| | | | |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | | our records, enter | • |
| | | - Få | |
| Name of New Registered Agent: | · | | 77 |
| New Registered Office Address: | | 02.E* (2.E) (4.5) | 20 |
| | Enter Florida | a street address | ·U |
| | | , Florida | ¹²³ |
| · · · · · · · · · · · · · · · · · · · | City | | ₹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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address Port | Type of Action |
|--------------|-----------------|--|----------------|
| AMBR | JOSE R. HIDALGO | 3513 SW RONALD ST, SAINT LUCIC, F1. 34 | 495.3 ■ Add |
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| If amending any other information, enter | change(s) here: (Attac | ch additional sheets, if | necessary.) | |
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| Effective date, if other than the date of fili | no: | (4 | Po | [1] |
| f an effective date is listed, the date must be specific a | nd cannot be prior to date of | filing or more than 90 days | after filing.) Pur | suant to 605.0207 (3 |
| Note: If the date inserted in this block does not document's effective date on the Department of | | nory ming requirements | , this date will | not be listed as tr |
| | | | _ | |
| e record specifies a delayed effective The 90th day after the record is filed | | fective time, at 12:0 | 01 a.m. on | the earlier of: |
| The John day area the record is filed | | | | |
| 04/17/2018 Dated | 11:00AM | | | |
| Molidde | Hinlell | \neg | | |
| Signature of | a member or authorized rep | resentative of a member | | |
| | MELISSA M. HIDA | LGO | | |
| | Typed or printed name o | r at a second | | |

Page 3 of 3

Filing Fee: \$25.00