

121000383287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

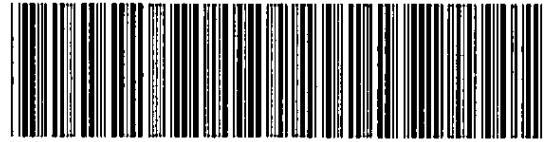
(Business Entity Name)

(Document Number)

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2021 SEP 13 AM 5:37

SECRETARY OF STATE
FALL RIVER, MA

12/22/2021
HL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SHADDAI C TRANSPORT 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:

Edwin Armijo
Name of Person
The Simplex Group Inc
Firm/Company
7500 NW 52ND ST, SUITE 100
Address
MIAMI FL 33166
City/State and Zip Code
cchglb@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CONRADO ELIZARDO HERNANDEZ GARCIA 786 569-8701
Name of Person at () Daytime Telephone Number
Area Code

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2021 SEP 13 AM 5:38

SHADDAI C TRANSPORT LLC

~~(Name of the Limited Liability Company as it now appears on our records)~~
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 08/26/2021 and assigned Florida document number L21000383287.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2194 W 60TH ST APT 22213

(Principal office address MUST BE A STREET ADDRESS)

HIALEAH FL 33016

Enter new mailing address, if applicable:

2194 W 60TH ST APT 22213

(Mailing address MAY BE A POST OFFICE BOX)

HIALEAH FL 33016

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

2194 W 60TH ST APT 22213

Enter Florida street address

HIALEAH

, Florida

33016

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, 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	CONRADO E HERNANDEZ GA	2194 W 60TH ST APT 22213	<input type="checkbox"/> Add
		HALEAH FL 33016	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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