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

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRUCKING PERMITS AND MORE LLC

Account Number : I20140000047 Phone

: (813)774-4726

Fax Number

: (813)877-2186

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 **H2 AUTO TRANSPORT LLC**

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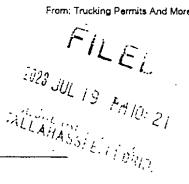
COVER LETTER

TO: Registration Section of Corp.	tion orations	.·	,	
H2 AUTO T	RANSPORT LLC			
	Name of Limi	ited Liability Company		<u> </u>
			:.	-
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	٠	
Please return all correspond	dence concerning this matter	to the following:	•	
	MAGALY, GARCIA			
		Name of Person		
•	112 AUTO TRANSPORT	LLC		-
		Firm/Company		
	2703 WEST SLIGH AVE		•	
• • •		Address		<u> </u>
	TAMPA, FL 33614	•		,
	mgce1969@yahoo.com	City/State and Zip Code o be used for future annual report notif		<u></u>
For further information con	cerning this matter, please ca		·	
MAGALY, GARCIA		813 480-7126		
Name of P	erson		Telephone Nun	iber
Enclosed is a check for the	following amount:			_
■ \$25.00 Filing Fee	Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif Certif	Filing Fee, icate of Status & ied Copy and copy is enclosed)
			•	
Mailing Address: Registration Sed Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration See Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations allahassee Street, Suit	: 810

H2 AUTO TRANSPORT LLC

company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) _ and assigned Florida document number | L09000108540 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address 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

If Changing Registered Agent, Signature of New Registered Agent

or remov	ling A red fr	Authorized om our rec	Person(s) authorized to m ords:	nanage, enter the title, name, and address	of each person being added
MGR =	Mar		j		
Title -		Name		Address	Type of Action
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				TAMPA, FL 33684	
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	ed effective date, !	but not an effec	ctive time, at 1	2:01 a.m. on th	ne carlier of: (i	o) The 90t	th day after t	he
record specifies a delayed is filed. 07/19 ated		2023	. <u></u> .					

Filing Fee: \$25.00