

609000108540

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H230002950353ABC3

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TRUCKING PERMITS AND MORE LLC
Account Number : 120140000047
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**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

T. LEMIEUX

RECEIVED

2023 AUG 24 PM 3:55

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 AUG 24 PM 3:42

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: H2 AUTO 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.

MAGALY GARCIA
Name of Person

Firm/Company

2703 WEST SLIGH AVE
Address

Tampa, FL 33614
City/State and Zip Code

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

For further information concerning this matter, please call:

MAGALY GARCIA 813 480 7126
Name of Person at 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H2 AUTO TRANSPORT LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/10/2009 and assigned
Florida document number: 109000108542

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:

2703 WEST SLIGH AVE

(Principal office address MUST BE A STREET ADDRESS)

TAMPA FL 33614

Enter new mailing address, if applicable:

P.O. BOX 15251

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA FL 33684

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:

MAGALY GARCIA

New Registered Office Address:

2703 WEST SLIGH AVE

Enter Florida street address

TAMPA

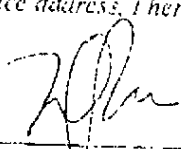
City

Florida 33614

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	ESPINOSA, EISLAN	P O BOX 15252	☐ Add
		TAMPA FL 33684	☒ Remove
			☐ Change
AMBR	MAGALY GARCIA	2703 WEST SLIGH AVE	☒ Add
		TAMPA FL 33614	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

THE CHANGE SUBMITTED ON AUGUST 1, 2023 WAS NOT APPROVED BY THE PREVIOUS,
MAGALY GARCIA THEREFORE SHE IS REQUESTING THAT THE COMPANY IS ON HER NAME AGAIN
ONLY.

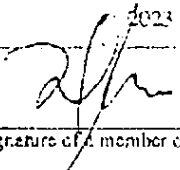
E. Effective date, if other than the date of filing: _____ (optional)

(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 AUGUST 24



Signature of a member or authorized representative of a member

MAGALY GARCIA

Typed or printed name of signer

Filing Fee: \$25.00