

5/25/2021



Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THREE K FAST CARRIER SERVICES INC

Account Number : I20180000033 Phone

: (305)805-3516

Fax Number

: (305)887-5844

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN H & M IMPORTS & EXPORTS, LLC

Certificate of Status	0
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## **COVER LETTER**

H210182085083)

TO: Registration Section Division of Corporations

H & M Imports & Exports LLC SUBJECT: 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: Steven Zamorano Name of Person CBS Financial CPA PA Firm/Company 6075 W Commercial Blvd Address Tamarac, FL 33319 City/State and Zip Code Steven@CBSFinancialepa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Steven Zamorano Daytime Telephone Number Name of Person Enclosed is a check for the following amount: S60.00 Filing Fcc. ☐ \$55,00 Filing Fee & ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (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

(H2/000208)083)

## ARTICLES OF AMENDMENT (TO ARTICLES OF ORGANIZATION OF

ri & M Imports & Exports LUC		
( <u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on our regords.) da Linuted Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L12000075320	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
		202 SE
The new name must be distinguishable and contain the words "Lie	mited Liability Company." the designation "LLC" or the	abbreviation L.L.C
Enter new principal offices address, if applicable:	NH	<u> </u>
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:	NA.	12: <b>19</b>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ne of the new registered
Name of New Registered Agent:	(P)	
New Registered Office Address:	Enter Florida street oddress	
	. Florida	
<del></del>	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 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>	Address	Type of Action
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he record specifies a del ord is filed.	ayed effective date, b	out not an effective ti	me, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after	the
Dated	121			)		
	Signatur	re of a member or auth	prized representative of	of a member		
	_ <u>D</u>	,				