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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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2017 FEB -1 P 1: 48
SCURETARY OF STATE
ALL AHASSEE

D. BRUCE FEB 02 2017

COVER LETTER

TO: Registration Section Division of Corporation				
•	*	REVICES LLC ted Liability Company	м	
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.		
Please return all corresponde	ence concerning this matter t	o the following:		
	Carlos L	1. Hernande Name of Person	27	
		Firm/Company		
	3112 Br	Muooz Dr		
		Address		
	Kissimm	ee Fl 347	58	
		chy/state and Zip code		
-	HDZ Towin	La Vanco · Com Lib used for future annual report i	actification)	
For further information conc	erning this matter inlease cal		ALL	2017 FEB -
Name of Pe	rson	Area Code Day	time Telephone Number	
Enclosed is a check for the fe	ollowing amount:		RATE A	1
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	E \$60.00 Filing Certificate of Certified Con (additional copy	Fee, f Status & py

MAILING ADDRESS:

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

HDZ Towing Services 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 11/20/12 and assigned
Florida document number <u>L12006139414</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
HDZ Transport Services LLC
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:
(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
registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
Florida =
City #2ip Code
New Degistered Agent's Signature if changing Degistered Agent.

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

IGR = M MBR = A	anager uthorized Member		
<u>itle</u>	Name	Address	Type of Action
			□ Add
			Remove
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f an eff <u>Note:</u>	ve date, if other than the date of filing: 1-30-2017 extive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional) days after filing.) Purents, this date will	suant to 605.020 not be listed a
e rec The	ord specifies a delayed effective date, but not an effective time, at 3 90th day after the record is filed.	12:01 a.m. on t	the earlier o
)		
Dated	1-30-2017		
Dated .	1-30-2017		
Dated .	1-30- ZO17 Signature of a member or authorized representative of a member of a member of authorized representative of a member of a membe	ет	

Page 3 of 3

Filing Fee: \$25.00