

**L14 000003997**

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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17 MAY -4 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**S Warren**  
MAY - 5 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HERVYDARY 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:

GERVELIO PINEIRO GARCIA

\_\_\_\_\_  
Name of Person

HERVYDARY TRANSPORT LLC

\_\_\_\_\_  
Firm/Company

4733 W WATERS AVE APT 1635

\_\_\_\_\_  
Address

TAMPA FL 33614

\_\_\_\_\_  
City/State and Zip Code

GERVELIO63@GMAIL.COM

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

For further information concerning this matter, please call:

GERVELIO PINEIRO GARCIA

813 703-3303  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**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**

HERVYDARY 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 01/08/2014 and assigned  
Florida document number L14000003997.

This amendment is submitted to amend the following:

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

11 EXPRESS 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)**

GERVELIO PINEIRO GARCIA

4733 W WATERS AVE APT 1635

TAMPA FL 33614

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

4733 W WATERS AVE APT 1635

TAMPA FL 33614

**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: GERVELIO PINEIRO GARCIA

New Registered Office Address: 4733 W WATERS AVE APT 1635

*Enter Florida street address*

TAMPA, Florida 33614

*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

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TAMPA FLORIDA

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

Title	Name	Address	Type of Action
MGR	GERVELIO PINEIRO GARCIA	4733 W WATERS AVE APT 1635	<input checked="" type="checkbox"/> Add
		TAMPA FL 33614	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 TALLAHASSEE, FLORIDA

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

I WANT TO CHANGE THE NAME OF MY LLC CORPORATION

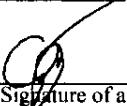
THE OLD NAME WAS HERVYDARY TRANSPORT LLC

THE NEW NAME IS 11 EXPRESS LLC

**E. Effective date, if other than the date of filing:** 05/02/2017 **(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 MAY 2, 2017

  
Signature of a member or authorized representative of a member

GERVELIO PINEIRO GARCIA

Typed or printed name of signee

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17 MAY - 4 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA