

L14000072786

Florida Department of State
Division of Corporations
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To:

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

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

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ABELARDO HERNANDEZ TRUCKING, LLC**

Certificate of Status	0
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DALIA ACCOUNTING SVC

002/006

Division of Corporations

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10/16/2014 09:59 FAX 5614780567
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DALIA ACCOUNTING SVC

006/006

10/16/2014 9:55:30 AM PAGE 1/001 Fax Server



October 16, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ABELARDO HERNANDEZ TRUCKING, LLC
224 AKRON RD
LAKE WORTH, FL 33467

SUBJECT: ABELARDO HERNANDEZ TRUCKING, LLC
REF: L14000072786

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H14000241483
Letter Number: 514A00022167

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DIVISION OF CORPORATIONS
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P.O BOX 6327 - Tallahassee, Florida 32314

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ABELARDO HERNANDEZ TRUCKING, 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 05/05/2014 and assigned
Florida document number L14000072786.

This amendment is submitted to amend the following:

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

A & E TRUCKING OF PALM BEACH, LLC

The new name must be distinguishable and end with 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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ELVIA G HERNANDEZ

New Registered Office Address:

224 AKRON RD

Enter Florida street address

LAKE WORTHFlorida 33467

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.

Elvia G. Hernandez

If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGRM	ABELARDO HERNANDEZ	224 AKRON ROAD	<input type="checkbox"/> Add
		LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Remove
MGRM	ELVIA G HERNANDEZ	224 AKRON ROAD	<input checked="" type="checkbox"/> Add
		LAKE WORTH, FL 33467	<input type="checkbox"/> Remove
MGR	ABELARDO HERNANDEZ	224 AKRON ROAD	<input checked="" type="checkbox"/> Add
		LAKE WORTH, FL 33467	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

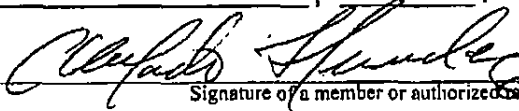
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER 14, 2014



Signature of a member or authorized representative of a member

Typed or printed name of signee

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Filing Fee: \$25.00

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