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S. YOUNG

COVER LETTER

Division of C				
OUD ID CT	HERU TRANS	PORT LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	emitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
		ALBA E VIVAR		
		Name of Person		
	MIAMI DIS	PATCH & CARRIER SERVICES		74 E
		Firm/Company		
	. 80	40 NW 95TH ST STE 106		NSSV 7 7
	 	Address		· · · · · · · · · · · · · · · · · · ·
	НІА	LEAH GARDENS, FL 33016		PH 4: 57
		City/State and Zip Code		STE ST
	E-mail address:	to be used for future annual report notifi	ication)	
For further informatio	n concerning this matter, please c	all:		
ALBA E VIVAR		· 305 822-0255		
Nan	ne of Person	Area Code Daytime	Telephone Number	
Enclosed is a check to	or the following amount:			
\$25.00 Filling Fee	· ·	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
Reg	ILING ADDRESS: istration Section	STREET/COURING Registration Section Division of Corporation Courage	n	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		City		Zip Ce	ode	
	HOMESTEAD		, Florida	33032		
		Enter Flor	ida street address		_	
New Registered Office Address:	14331 SW 268	ST APT 111				
Name of New Registered Agent:	HENRY URRE	EA		,		
				불리	57	
registered agent and/or the new registered of			ou. Iveolus, elle	<u> </u>	T	
B. If amending the registered agent and	l/or registered of	Tice address on	our records, ente	er the nai	me: of	the nev
				<u> </u>	\ \ \	
(Mailing address MAY BE A POST OFFICE	E BOX)	HOMESTEAD,	FL 33032	. 空m - 2522	= -	-;-1
Enter new mailing address, if applicable:				- [3]		
		14331 SW 268 S	CT ADT 111	ZS.	ର୍ଦ୍ଧ	
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>					
Enter new principal offices address, if applicable:		HOMESTEAD, FL 33032				
Enter now principal offices address if appli	aabla.	14331 SW 268 S	ST APT 111			
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the de	esignation "LLC" or the	abbreviation	ı "L.L.C	
A. If amending name, enter the new name of	of the limited liab	ility company he	ere:			
This amendment is submitted to amend the fol	lowing:					
Florida document number L15000083242	·					
The Articles of Organization for this Limited I	Liability Company	were filed on	05/11/2015	and	lassign	ed
	(711 Ioriou Elimea I	naomey Company)				
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appear	s on our records.)		_	
	HERU TRANSPO	JKILLC				

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>	Address	Type of Action
MGR	RUBEN D HERNANDEZ	14331 SW 268 ST APT 111	□ Add
		HOMESTEAD, FL 33032	■ Remove
		,	a Remove
			Change
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If the date inserted in this bloc	ate of filing:	tory filing requirements, the	nis date will not be listed
·			
ecord specifies a delayed e e 90th day after the recor	effective date, but not an eff d is filed.	ective time, at 12:01	-9
OCTOBER 26	2015		NOV -2 NOV -2 AFTARY CAPASSEC
	1 /D h //		
	Villett		

Page 3 of 3

Filing Fee: \$25.00