



# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** H.R.V. TRANSPORTATION SERVICES, 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:

RICARDO M. ARAUJO

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

UFC ULTIMATE FLOORING, LLC

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

12965 WESTSIDE VILLAGE LOOP

\_\_\_\_\_  
Address

ORLANDO, FL 34786

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

VALTERVAN@GMAIL.COM

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

For further information concerning this matter, please call:

RICARDO ARAUJO

504 756-3302

at (\_\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(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**

H.R.V. TRANSPORTATION 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 2/16/16 and assign  
Florida document number L16000032187.

This amendment is submitted to amend the following:

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

UFC ULTIMATE FLOORING, 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 registered agent and/or the new registered office address here:**

Name of New Registered Agent:

RICARDO M. ARAUJO

New Registered Office Address:

12965 WESTSIDE VILLAGE LOOP

*Enter Florida street address*

ORLANDO

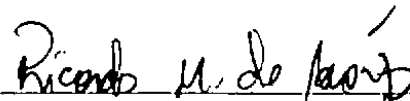
*City*

Florida 34786

*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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added, changed, or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	VALTER GARCIA JUNIOR	12965 WESTSIDE VILLAGE LOOP ORLANDO, FL 34786	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANDRADE VON ANCKEN, HENDY RENATA	12965 WESTSIDE VILLAGE LOOP ORLANDO, FL 34786	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RICARDO M. ARAUJO	2965 WESTSIDE VILLAGE LOOP ORLANDO, FL 34786	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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SUN  
HALLOWEEN


2019 JUL -1 AM 10:00  
JUL 1 2019

(ional).  
er filing.) Pursuant to 605.02  
is date will not be listed

(b) The 90th day after the record is filed.

INE 27

2019



Signature of a member or authorized representative of a member

Valter Garcia

Typed or printed name of signer