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(City/State/Zip/Phone #)

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2019 JAN 17 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 24 2019
C McNAIR

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **1H Transport LLC**
Name of Limited Liability Company

2018 JAN 17 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ricardo Reinier De La Rosa Perez

Name of Person

1H Transport LLC

Firm/Company

22548 144TH St

Address

Live Oak, FL 32060

City/State and Zip Code

PAPOLAROSA@YAHOO.COM

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

For further information concerning this matter, please call:

Ricardo Reinier

Name of Person

at (**561**)

Area Code

506-9224

Daytime Telephone Number

Enclosed is a check for the following amount:

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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2018 JAN 17 PM 4:44
SECRETARY'S OFFICE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned

Florida document number _____.

This amendment is submitted to amend the following:

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

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: _____

22548 144TH St

(Principal office address MUST BE A STREET ADDRESS)

Live Oak, FL 32060

Enter new mailing address, if applicable: _____

2787 10th Ave N

(Mailing address MAY BE A POST OFFICE BOX)

Palm Springs, FL 33461

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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

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>	<u>Address</u>	<u>Type of Action</u>
MGR		Ricardo Reinier De La Rosa Perez	<input type="checkbox"/> Add
		22548 144th St, Live Oak FL 32060	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Odalys Perez	2787 10th Ave N, Palm Springs FL 33461	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: _____ (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 Jananuary 11 2019


Signature

Signature of a member or authorized representative of a member

Ricardo Reinier De la Rosa Perez

Typed or printed name of signee