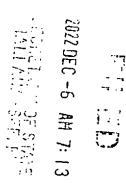
# L17000024100

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Signatures Wissing Last Page 00789, 00524, 00623 00671
Office Use Only



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A. BUTLER

DEC - 8 2022

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: #7	Y Transpat	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Hecter L.	Pagan Pivera	
	HVY Tra	May LC	<del></del>
	330 Ard	More St.	
	Davenpurt	Address FL: 53904	
	hylranspall E-mataddress: (1	City/State and Zip Code  Cay GMUL COM  o be used the future annual report notif	lication)
For further information of	oncerning this matter, please ca	at (UK) 513-	2501
Name o	i Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for th	ne 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

·	F ·	Fig.ED
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on ( Liability Company)	2022 DEC -
The Articles of Organization for this Limited Liability Company	were filed on 01/	30/2017 and assigned
Florida document number <u>L 170000 <b>24</b>100</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designa	ation "LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable:	7258 Ce	darcrest BLVd
(Principal office address MUST BE A STREET ADDRESS)	Lakeland	FL. 33810
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7258 Cakeland	edarcrest BLVd FL 33810
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our record	ls, <u>enter the name of the new register</u> c
New Registered Office Address:	Enter Florida sti	reet address
	Florida Zip Code	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
' hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change	performance of my a provided for in Chapi	luties, and I am familiar with and ter 605, F.S. Or, if this document is

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
UGR "	Serrano Medinallelitura	1. 330 ArdmureSt Davenput FL 33807	□Add
		_ Davenput FL 33807	(PRemove
			□Change
<del></del>			□Add
			□Remove
			□Change
			□Add
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			Change
			□Add
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			□Remove
			□Change
			□Add
			□Remove
			□Change

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(If an effective Note: 1	e date, if other than the date of filing:
he record ord is file	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 d.
Dated _	11-30-2022
	Signature of a member or authorized representative of a member
	Hector Lagan Rivera Typed or printed name of signee

Filing Fee: \$25.00



2022 DEC -6 PH 12: 52

### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 1, 2022

**HECTOR L PAYAN RIVERA** 330 ARDMORE ST DAVENPORT, FL 33897

SUBJECT: H&Y TRANSPORT LLC

Ref. Number: L17000024100

We have received your document for H&Y TRANSPORT LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU ARE MISSING THE LAST PAGE OF YOUR AMENDMENT.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 322A00024466