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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Harlen Express Lugistic, 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:
Mileidy Maldonado Rodriguez Name of Person
Firm/Company
20818 SW 119th Ave
Archer FL 3248 City/State and Zip Code Harlen express egmail. com. E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mileidif Maldonaido Rodrigiez at (8/3) 433-3001 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee & □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$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

Hürlen Expire (Name of the Limited Liability Com	ess Logistic, L	LC
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Companies 1700168442.	by were filed on $\frac{08/0}{}$	7/2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2026
Principal office address MUST BE A STREET ADDRESS)		DEC
	 	
Enter new mailing address, if applicable:		PH 2
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, g	enter the name of the new registered
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 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	Mijail Almira Comas	20818 Sw 119th Ave	C\$Add
		Archer, FL 32cil8	□Remove
			□Change
AMBR	Mileidy Maldonado	20818 SW 119th Avec Archer, Fl 32418	DAdd
	Rodrigue	Archer, Fl 32418	Remove
			2020 Change
MGR	Eleine C. Perez Garcia	14117 SW 168 th St.	Add
		Archer, FL 32418	TO III
			Change
			□Aðd
			□Remove
			Change
			□Add
			Remove
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(If an effective Note: If the	date, if other than to the date is listed, the date in the date inserted in this	nust be specific ar	nd cannot be price	r to date of filing o	more than 90 days a	ptional) fler filing.) Pursua this date will no	ant to 605.020
document'	s effective date on the	Department of	State's record	i.	g roquirements,	ans date will no	n be fisico a
		tive date, but no	ot an effective	ime, at 12:01 a.r.	n. on the earlier of	(b) The 90th	dav after the
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the record sp cord is filed.	ecines a delayed enec						