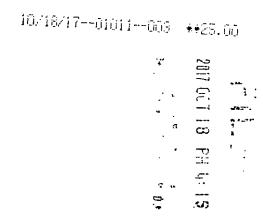
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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BET 19 2017 J. HARRIE

COVER LETTER

	egistration Se- ivision of Corp			
CHD HYT		CARGO, LLC		
SUBJECT	`:	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	m all correspo	ndence concerning this matter	to the following:	
		KARLA CASTELLANOS		
			Name of Person	
			Firm/Company	
		6901 44TH CT E		
			Address	
		SARASOTA, FL 34243		
			City/State and Zip Code	
		KARLAGARCIA2004@M		
		E-mail address: (to be used for future annual report notif	ication)
For further	information co	oncerning this matter, please co	ill:	
KARLA C	CASTELLANC	os	941 2843467 at ()	
	Name of	f Person	Area Code Daytime	: Telephone Number
Enclosed is	s 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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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
			☐ Remove
			☐ Change
			□ Add
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			☐ Change
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Filing Fee: \$25.00