

17000217281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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20 MAY 29 PM 4: 00

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COVER LETTER

Registration Section
Division of Corporations

ECT: D H Y TRANSPORTATION LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

YOLVIS SANCHEZ RIVAS

Name of Person

MGR

Firm/Company

820 N MAIN ST

Address

BELLE GLADE FL 33430

City/State and Zip Code

YOLVISSANCHEZ1979@GMAIL.COM

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

For further information concerning this matter, please call:

YOLVIS SANCHEZ RIVAS

561

257-7922

Name of Person

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

20 MAY 29 PM 4:00

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

s amendment is submitted to amend the following:

: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Mailing address MAY BE A POST OFFICE BOX)

_____, Florida _____
City Zip Code

If Changing Registered Agent, Signature of New Registered Agent

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
moved from our records:

l = Manager**BR = Authorized Member**[illegible]

