L18000	046186		
(Requestor's Name) (Address) (Address)	600310977486		
(City/State/Zip/Phone #)	03/26/1801038010 ★★25.00		
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	2010 HAR 26 PH 1:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
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## **COVER LETTER**

TO: , Registration Section Division of Corporations

SUBJECT: 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:

Alexuis Alen Hernardez De Paz Name of Person TRUCKING, LUC Address PL**33033**City/State and Zip Code nestead

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

For further information concerning this matter, please call:

<u>Alexeis A Hernandez De Paz</u> at (<u>786</u>) <u>810-1674</u> Name of Person De Paz at (<u>786</u>) <u>Bio-1674</u> Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

S30.00 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

Tallahassee, FL 32314

P.O. Box 6327

## **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						
HYT TRUCK (Name of the Limited Liability Compan (A Florida Limited Liability Company v Florida document number <u>L1800046186</u>	y as it now appears on our records.) ability Company)					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabil	ity company here:					
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)						
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>						
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:						

Name of New Registered Agent:		As	23	
New Registered Office Address		-LA	4 81	
New Registered Office Address:	Enter Florida street address	HE AN	AR	• .
	, Florida	TARY ASSE	<b>2</b> 6	5
	, FIOFICE		p 🌠 de	
New Registered Agent's Signature, if changing Registered Agent:		STA	 	[
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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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

\_

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name			Address		<b>Type of Action</b>
	Alexcis Alem	Hernandez	De Ra	2 15400 SW	2845+ #20	Add
				Homestead	PL 33033	
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

R anco no S DPRP de 2 2 2018 HAR  $\sim$ **o** T ž RIDA 6

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.

2018 Dated

Signature of a member or authorized representative of a member Haz XLÌ< nande 7 Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00