## 11800047954

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SEURETARY OF STATE
TALLAHASSEE, FLORIDA

## COVER LETTER

TO:	Registration Sec Division of Corp				
C1111		KING SVCS LLC			
SUBJ	IECT:	Name of Limi	ited Liability Cor	npany	<del>.</del>
The co	nclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing		
Please	e return all correspon	ndence concerning this matter	to the following	;;	
		HECTOR ORLANDO CR	UZ ROLON		
			Name of I	Person	
		H D TRUCKING SVCS L	ĻC		
			Firm/Con	трапу	
		4009 VISTA DEL LAGO I	LOOP DR		
			Addie	«	<del></del>
		WINTER HAVEN FL 338			
		·	Zip Code		
		HECTOLSILLO@GMAIL.			
				ure annual report not	ification)
For fi	urther information co	oncerning this matter, please co	all:		
SOC	ORRO DIEGO MEI	NDOZA	863 at (	877-5023	
	Name o	f Person	Area	Code Daytin	ne Telephone Number
Enclo	sed is a check for th	ne following amount:			
<b>■</b> \$	25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 F Certified (additional		☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS:		STREET/COUR Registration Secti	
	Divisio	on of Corporations		Division of Corpo Clifton Building	
		issee, FL 32314		2661 Executive C	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H D TRUCKING SVCS LLC						
( <u>Name of the Limited</u>	Liability Compan V Florida Limited L	iy aylit n iabil <b>i</b> y C	ow appears on or ompany)	r records.)		
The Articles of Organization for this Limited Lial Florida document number L18000047954  This amendment is submitted to amend the follow  A. If amending name, enter the new name of the submitted to a s	bility Company v	were fil	ed on <u>02/22/201</u>	1 <del>8</del>	and assigned	
The new name must be distinguishable and contain the wor	rds "Limited Liabili	ity Comp	any," the designat	ion "LLC" or the al	bbreviation "L.L.C."	_
Enter new principal offices address, if applicable:			4009 VISTA DEL LAGO DR			
(Principal office address MUST BE A STREET		WNT	ER HAVEN FL	33881		ECC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B  B. If amending the registered agent and/oregistered agent and/or the new registered offi	<i>OX)</i> r registered of ce address here	WNT		_ 33881	PM 7:	AHASSEE. FLORIDA
Name of New Registered Agent:	HECTOR ORLA	ANDO	CRUZ ROLON			
New Registered Office Address:	4009 VISTA DE	EL LAG	O DR Enter Florida stre	ret address		
	WINTER HAVE	EN Ciņ	· . <u>-</u>	, Florida <u>33</u>	Zip Code	
New Registered Agent's Signature, if changing Re	gistered Agent:					
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this content.	r and complete pered agent as pergistered office	perfori rovide	nance of my di d for in Chapte	uties, and Lam er 605, F.S. Or	familiar with and , if this document	1

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

	g Authorized Person(s) authorized to m I from our records:	anage, <u>enter the title, name, and ad</u>	ldress of each person being adde
MGR = N AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	HECTOR ORLANDO CRUZ ROL	4009 VISTA DEL LAGO DR,	Add
		WINTER HAVEN FL 33881	□ Remove
			Change
AP, AR	SOCORRO DIEGO MENDOZA	409 RED HAWK LOOP	
		WINTER HAVEN, FL 33880	□ Remove
AP.AR	HECTOR ORLANDO CRUZ ROL	4009 VISTA DEL LAGO DR	
		WINTER HAVEN FL 33881	Remove
			☐ Change
			Remove
			Change
	<del></del>		
			□ Remove
			Change
	4		
			Remove
			Channa

WE ARE AMENDING TO UPDATE OUR COMPLETE LEGAL	NAMES.
THANK YOU FOR YOUR ASSISTANCE IN THIS IMPORTAN	T MATTER.
WE APOLOGIZE FOR THE INCONVENIENCE.	
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	<b>_</b>
tive date, if other than the date of filing:  fective date is listed, the date must be specific and cannot be prior to date of  If the date inserted in this block does not meet the applicable statu- ment's effective date on the Department of State's records.	(optional)  filing or more than 90 days after filing.) Pursuant to 605.0 mory filing requirements, this date will not be listed
cord specifies a delayed effective date, but not an eff e 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier
FEBRUARY 28 2018	
Signature of a member or authorized repr	resentative of a member

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