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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 MAR -6 PM 7:18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: H D TRUCKING SVCS 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:

HECTOR ORLANDO CRUZ ROLON

Name of Person

H D TRUCKING SVCS LLC

Firm/Company

4009 VISTA DEL LAGO LOOP DR

Address

WINTER HAVEN FL 33881

City/State and Zip Code

HECTOLSILLO@GMAIL.COM

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

For further information concerning this matter, please call:

SOCORRO DIEGO MENDOZA

863

877-5023

at ()

Name of Person

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/COURIER ADDRESS:

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

H D TRUCKING SVCS LLC

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
MGR	HECTOR ORLANDO CRUZ ROL	4009 VISTA DEL LAGO DR,	<input type="checkbox"/> Add
		WINTER HAVEN FL 33881	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AP, AR	SOCORRO DIEGO MENDOZA	409 RED HAWK LOOP	<input type="checkbox"/> Add
		WINTER HAVEN, FL 33880	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AP,AR	HECTOR ORLANDO CRUZ ROL	4009 VISTA DEL LAGO DR	<input type="checkbox"/> Add
		WINTER HAVEN FL 33881	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

HI, WHEN LLC SET UP DID NOT ENTER COMPLETE NAMES AND COULD NOT OPEN BANK ACCOUNT

WE ARE AMENDING TO UPDATE OUR COMPLETE LEGAL NAMES.

THANK YOU FOR YOUR ASSISTANCE IN THIS IMPORTANT MATTER.

WE APOLOGIZE FOR THE INCONVENIENCE.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 MAR - 6 PM 7:10

E. Effective date, if other than the date of filing: _____ (optional)

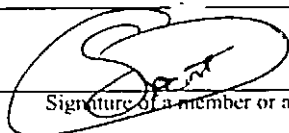
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated FEBRUARY 28 2018



Signature of a member or authorized representative of a member

SOCORRO DIEGO MENDOZA

Typed or printed name of signee