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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 11, 2018

EDUARDO MONTEAGUDO 1008 CARLTON ARMS DR LAKELAND, FL 33811

SUBJECT: HAVANA EXXACT TRANSPORT LLC

Ref. Number: L18000077552

We have received your document for HAVANA EXXACT TRANSPORT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is P12000002117.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III

Letter Number: 218A00009821

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	HAVANA	EXXACT	TOANSPORT (٠	
		Name of Limite	ed Liability Company		
The enclosed Articles o	f Amendment and f	ee(s) are subm	itted for filing.		
Please return all corresp	oondence concernin	g this matter to	the following:		
		DORALK	MONTERGUCO Name of Person		
			Firm/Company		
		<u>08</u> Cu	ecton Aems	dr.	
			City/State and Zip Code		
		nail address: (10	be used for future annual repo	ort notification)	L·com.
For further information	concerning this ma	tter, please cal	l :		
EDIAS DO MO	NTEAGUDO of Person		at (231) 2 Area Code I	22 - 2616 Daytime Telephone Number	·
Enclosed is a check for	the following amou	nt:			
\$25.00 Filing Fee	□ \$30,00 Filin Certificate		□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	d) Certified	te of Status &
MAII	LING ADDRESS:		STREET/C	OURIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLÉS OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	CT TRANSPORT LLC . any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on <u>2/26/20/8</u> and assigne
lorida document number <u>L1800077852</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Hayana E. L. P. 2. 2. 5. 5. The new name must be distinguishable and contain the words "Limited Liabi	transport LLC.
ne new name must be distinguishable and contain the words "Limited Liabi	thy Company. The designation "LLC" of the abbreviation "L.L.C.
Enter new principal offices address, if applicable:	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	<u></u>
	阿
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered or	יבי ffice address on our records, enter the name of th
egistered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
registered Office readings.	Enter Florida street address
	, Florida
	City Zip Code

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
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			D Add
			Remove
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e date, if other than the date of filing: 3/26/2018	(optional)
ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 9 of the date inserted in this block does not meet the applicable statutory filing requires	0 days after filing.) Pursuant to 605,020
nt's effective date on the Department of State's records.	ments, this date will not be listed a
ord specifies a delayed effective date, but not an effective time, at	12:01 a.m. on the earlier of
90th day after the record is filed.	
April 30 , 2018 1	
April 80 . 2018	
Signature of a momber or authorized representative of a mem	ber
Edvardo Menteagi Typed or printed name of signee	120

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Filing Fee: \$25.00