L 18000 169379

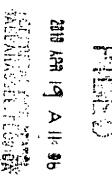
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

	TYESHA LOGIS	TICS, LLC	
NAME OF CORPOR	RATION: L18000169379		
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	STEPHEN D. FROMANG,	ESQ.	
		Name of Contact Person	1
	1620 26TH STREET	Firm/ Company	
	VERO BEACH, FLORIDA	Address 32960	
		City/ State and Zip Code	e
SDI	FROMANG@GMAIL.COM		
	E-mail address: (to be used for future annua	report notification)
For further information	n concerning this matter, pleas	se call:	
STEPHEN F. FROM	1ANG	772 at (567-7778
Name of Contact Person		Атеа Со	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi	ling Address endment Section sion of Corporations Box 6327	Amend Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301 April 5, 2019

STEPHEN D FROMANG 1620 26 ST VERO BEACH, FL 32960

SUBJECT: TYESHA LOGISTICS, LLC

Ref. Number: L18000169379

We have received your document for TYESHA LOGISTICS, LLC and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

This is a LLC the document you sent in is for a Corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 219A00006843

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

10 11 mm.

TYESHA LOGISTICS, LLC			
(Name of the Li	nited Liability Comp (A Florida Limited	any as it new app Liability Compan	ears on our records.)
The Asial CO is a second			是
The Articles of Organization for this Limited	Liability Company	were filed on	and assigned
(Name of the Line) The Articles of Organization for this Limited Florida document number L18000169379	 .		MALAHASTEL ELEKTOR
This amendment is submitted to amend the fo			
A. If amending name, enter the new name	of the limited liab	oility company	here:
H & A EXPRESS TRANSPORTATION	LLC		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	_	
Principal office address MUST BE A STRE		1193 SE PORT ST LUCIE BLVD #136	
		PORT ST. LU	JCIE, FL 34952
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		1193 SE POR	T ST. LUCIE BLVD. #136
		PORT ST. LU	ICIE, FLORIDA 34952
B. If amending the registered agent and egistered agent and/or the new registered of	d/or registered of office address here	Tice address (on our records, enter the name of the new
Name of New Registered Agent:	TYESHA SMIT	ТН	
New Registered Office Address:	1193 SW PORT	ST LUCIE BL	√D #136
· · ·		Enter Fl	orida street address
	PORT ST. LUC	IE	, Florida ³⁴⁹⁵²
		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>	Name	<u>Address</u>	Type of Action
P	SMITH, TYESHA	1193 SE PORT ST. LUCIE	
		BLVD #136, PORT ST. LUCIE	Add
	ALEOND DON'THE COMM		
VP/T	ALFORD, DONTRAVIUS	5721 NW ALCAZAR TERRACE PORT ST. LUCIE, FLORIDA	D Add
			□ Remove
	HATCHED DITT OF		Change
S	HATCHER, PHILICIA	5721 NW ALCAZAR TERRACE PORT ST. LUCIE, FLORIDA	D Add
			Remove
			Change
			
			C Remove
			Change
			Remove
			Change
			O Add
			Remove
			Change

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Note:	ve date, if other than the date of filing:
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
Dated _	4/15/19
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00