# L18000292522

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## **COVER LETTER**

	gistration Seq vision of Corp			
SUBJECT:		Y TRANSPORT . LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclose	d Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		NEAL C STINSON		
			Name of Person	
		HARDCOPY TRANSPO	RT.LLC	
			Firm/Company	
		3454 sw. 115th AVE.		
			Address	<del></del>
		Ocala FLORIDA 34481		
			City/State and Zip Code	<del></del>
		HARDCOPY1962@Gmail		<u> </u>
		E-mail address: (	to be used for future annual report noti-	fication)
For further i	nformation co	oncerning this matter, please co	all:	
NEAL C S'	FINSON		352 229-4784	
	Name of	Person	at () Area Code Daytime	e Telephone Number
Enclosed is	a check for the	e following amount:		
□ \$25.00 I	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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HADRCOPY TRANSPORT LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lir	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on December 21,2018	and assigned
Florida document number L18000292522		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
HARDCOPY TRANSPORT "L.L.C."		/
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	<b>.</b>
		<u> </u>
		20 Ti
Enter new mailing address, if applicable:		i F [m
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		0
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		er_the_name_of_the_n
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	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

MGR = M AMBR = A	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Actio
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Fffect	ve date, if other than the date of filing:
(If an eff Note:	we date, if other than the date of filing:
) The	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.
Dated	3/11 19 M/1 1 19
	4 // A 1

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00