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COVER LETTER

	Division of Cor		-	,	
	H&E TRAI	! NSPORTATION UNLIMITED	LLC		
SUBJEC			ited Liability Company	· 	
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please ret	urn all correspo	ondence concerning this matter	to the following:		
		HECTOR E. HERNANDE	ZZ		
			Name of Person		
			Firm/Company		
		23815 LINDA LEE WAY			
			Address		
		FORT MYERS, FL 33913			
City/State and Zip Code					
		hectorhernandez46@yahoo.	es to be used for future annual report	notification)	
For furthe	er information c	oncerning this matter, please ca			
Hector Hernandez		786 4684226 at ()	•		
	Name o	f Person		ytime Telephone Number	
Enclosed	is a check for the	ne following amount:			
□ \$ 25.0	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 Addres Registration		Street Addres Registration		
	Division of C			Corporations	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H&E TRANSPORTATION UNLIMITED LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 12/27/2018 Florida document number L19000001270
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
ENRIQUE'S TRANSPORTATION SERVICES LLC
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 ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

· 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
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ffective date, if other than the date of filing:(options	al)	
on effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing on the date inserted in this block does not meet the applicable statutory filing requirements, this date occument's effective date on the Department of State's records.	ing.) Pursuant to (505,0207 listed as
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) is filed.	The 90th day a	fter the
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Signature of a member or authorized representative of a member		9
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Hector Hernandez	⋇⋝	1: 1:

Filing Fee: \$25.00