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COVER LETTER

(O: Registration Section

1.5 Division of Corporations

JE HERNANDEZ AUTO TRANSPORT LLC SUBJECT:

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:

JOSE L HERNANDEZ

JL HERNANDEZ AUTO TRANSPORT LLC

Firm/Company

Name of Person

5820 N CHURCH AME APT 351

Address

TAMPA, FL 33614

City/State and Zip Code

JOSE1223.JH@GMAIL.COM

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

813 at (

Area Code

For further information concerning this matter, please call:

JOSE L HERNANDEZ

Name of Person

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Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status S55.00 Filmg Fee & Certified Copy raddinonal copy is enclosed)

8504488

\$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:

Daytime Telephone Number

Registration Section Division of Corporations Clifton Building 2001 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JE HERNANDEZ AUTO TRANSPORT LEC

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(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		and assigned
Florida document number 1.19000173222	·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or (the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	z z.	
(Principal office address MUST BE A STREET ADD	DRESS)	
	······	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		<u>iter the mamer of the a</u>
Name of New Registered Agent:		
		RIB RIB
New Registered Office Address:	Enter Florida street address	>
	191 ₁₁₋₁₁	_
	, Florid City	a 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. Thereby 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 adde <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	JOSE L HERNANDEZ	5820 N CHURCH AVE APT 351	
	- <u></u>	TAMPA FL 33614	🔜 🔲 Add
			Remove
			Change
			🗆 Add
			Remove
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			Remove
			Change

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

THE NAME AND ADDRESS OF MA.					
TITLE . MGR					
JOSE L HERNANDEZ					
5820 N CHURCHAVE APT 351					
тамра FL 33614	· ·				
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09/04/2019

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 605.020⁺ (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.

04 SEPTEME	3ER 2019/
d	· · · · · · · · · · · · · · · · · · ·
	THE .
	Signature of a member or authorized representative of a member
JOSE HER	RNANDEZ
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00