## L20000038989

	(Requestor's Name)
	(Address)
-	(Address)
<b>₹</b>	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
7-7-7-1-FL 1:51	. •
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## **COVER LETTER**

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Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

	RRIERS LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	GREISY SUAREZ			
	-	Name of Person		
	DIRECT SOLUTION SEI	RVICES		
	-	Firm/Company		
	1248 Viscaya Pkwy			
		Address		<u>-</u>
	Cape Coral, FL 33990			20.5
	_	City/State and Zip Code		
	info@directsolutionservice			1
		to be used for future annual report notific	ation)	TEP 1
For further information of	concerning this matter, please c	all:		BFILL 19
GREISY SUAREZ		239 443-5846 at ( )		FILT 19
Name o	f Person		Celephone Number	-
Enclosed is a check for the	he following amount:			
□ \$25.00 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 Sta Certified Copy tadditional copy is e	atus &
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sect Division of Corpo The Centre of Ta	orations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H & V CARRIERS 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 Li Florida document number L20000038989		02/03/2020	and assigned
Florida document number	·		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liability company	/ here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," t	he designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE .	<u></u>		<del></del>
D. 76	· · · · · · · · · · · · · · · · · · ·		ed to
B. If amending the registered agent and/or ragent and/or the new registered office address		r records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	VERONICA IGLESIAS	<del> </del>	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	203 SE 16TH TER		
iven registered office radiess.	Enter	Florida street address	<del></del>
	CAPE CORAL	, Florida _339	90
	City		Zip Code
New Registered Agent's Signature, if changing F	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
AMBR	VERONICA IGLESIAS	203 SE 16TH TER	
		CAPE CORAL	□Remove
		33990	
AMBR HENRY IGLESIAS OSENDI	HENRY IGLESIAS OSENDI	203 SE 16TH TER	<b>-</b>
	CAPE CORAL		
		33990	
			□Remove
			Change
		□Add	
			□Remove
		□Change	
		□ Add	
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

f an ef Note:	ive date, if other than the date of filing:
reco d is f	ed 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 led.
Dated	August, 12 2020
	) M
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00