

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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((H200002388193))



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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : LAURA K. MUNSON, CPA  
Account Number : I20190000060  
Phone : (863)634-4631  
Fax Number : (863)467-3002

2nd Request

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Laura@Simsmunsoncpa.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

FLHIGHWAYTECHS@GMAIL.COM LLC

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AUG 21 2020

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8/13/2020 6:11:15 PM PAGE 1/001 Fax Server

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August 13, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FLHIGHWAYTECHS@GMAIL.COM LLC  
1070 CANAL WAY  
OKEECHOBEE, FL 34974US

SUBJECT: FLHIGHWAYTECHS@GMAIL.COM LLC  
REF: L20000137717

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

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

Claretha Golden  
Regulatory Specialist II

FAX Aud. #: H20000238819  
Letter Number: 720A00015379

## COVER LETTER

TO: Registration Section  
Division of Corporations

(4200002388193)

SUBJECT: FLHIGHWAYTECHIS@GMAIL.COM LLC

\_\_\_\_\_  
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:

Laura Munson

\_\_\_\_\_  
Name of Person

Sims Munson CPA

\_\_\_\_\_  
Firm/Company

319 N. Parrott Ave

\_\_\_\_\_  
Address

Okeechobee, FL 34972

\_\_\_\_\_  
City/State and Zip Code

laura@simsmunsoncpa.com

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

20 AUG 20 AM 11:13

RECEIVED  
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Laura Munson

863

634-4631

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

(H200002388193)

FLI HIGHWAY TECHS@GMAIL.COM 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 May 20, 2020 and assigned  
Florida document number 1.20000137717.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Florida Highway Techs. 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 registered agent and/or the new registered office address here:**

Name of New Registered Agent:

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

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	Kolton Hoffman	1070 Canal Way, Okeechobee, FL 34974	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

(H200002388193)

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

[illegible]

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 605.0207 (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.

Dated July 20 2020

Signature of a no

Signature of a member or authorized representative of a member

Tracy J. Hoffman

Typed or printed name of signee