From: LAXMY CHACON

5/19/2021

2021-05-19 20:52.01 GMT

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000201413 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAXMY'S CARRIER SERVICES

Account Number : I2004000007 : (305)540-0281 Fax Number : (305)489-2902

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

Email Address:	 	
Email Woole22:	 	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## HH & AA TRANSPORT SOLUTION LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

Page: 3 of 6

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **COVER LETTER**

TO: Registration S- Division of Co.			
· HH & AA	TRANSPORT SOLUTION LL	.c	
SUBJECT.	TRANSPORT SOLUTION LL Name of Litr	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return ail correspo	ondence concerning this matter	to the following:	
	HENDRIX CHAVIANO	REYES	
		Name of Person	<del></del>
	HH & AA TRANSPORT		
	***************************************	Firm/Company	
	948 W 28TH ST		
		Address	
	HIALEAH FL 33010		
		City/State and Zip Code	
	GAIL.LAXMYSCARRIER	=	
For firether information	e-mail address: ( oncerning this matter, please c	to be used for future annual report not	ification)
LAXMY CHACON		305 640-0281 at (	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
憲 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
Mailing Address Registration 1 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Cor The Centre of T	rporations

From: LAXMY CHACON

Page: 4 of 6

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HH & AA TRANSPORT SOLUTION LLC		
(Name of the Limited Hability Company (A Florida Limited Lia	as it now appears on our records.) hility Company)	
The Articles of Organization for this Limited Liability Company w	ere filed on 06/17/2020	and assigned
Florida document number L20000168615		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
HENDRIX TRANSPORT SOLUTION 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)		
D. If a more directly assistant and the second and		
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	aress on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
New Registered Office Address:	Enter Florida street address	
	P1	
	, Florid	Tr.Zip Coule
New Registered Agent's Signature, if changing Registered Agent:		Ter N

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.

To: 18506176383 Page, 5 of 6 2021-05-19 20:52.01 GMT 13054892902 From: LAXMY CHACON

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

Title	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
		V	□Change
			OAdd
			□Remove
			☐ Change
<del></del>			□Add
			□Remove
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		-	OAdd
			ЭRетоvе
			□Change

Page: 6 of 6

Effective date, if other than the date of filing: 05/19/2021  (If an effective date, it listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 905.0207  Note: If the date inserted in this block does not theet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records,  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 ord is filed.  Dated MAY 19TH 2021  2021			
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 505.0207  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  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 ord is filed.  Dated  MAY 19TH  2021	_		
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Signature of a member or authorized representative of a member			
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