KICCCC 316973

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/CtataFia/Dhasa th |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| SUBJECT: Hoviza | n Transport and Name of Lim | Towing LLC | |
|---|--|--|---|
| The enclosed Articles of A | mendment and fee(s) are sub | omitted for filing. | |
| Please return all correspon | dence concerning this matter | to the following: | |
| | Wighert | Name of Person | |
| | | Firm/Company | |
| | 4839 Ashu | Address | |
| | Kissimmer | Florica 34758 | |
| | | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report not | tification) |
| For further information co | ncerning this matter, please c | all: | |
| Wigherto Figu Name of | Person | at (321) 274 Area Code Daytin | re 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 Se Division of Co P.O. Box 6327 Tallahassee, Fl | ection rporations | Street Address: Registration Se Division of Co The Centre of 2415 N. Monro | rporations |

Tallahassee, FL 32303

TO:

Registration Section Division of Corporations

TO ARTICLES OF ORGANIZATION **OF**

| Horizon Transport | t and Towing LLC | | |
|---|---|----------------------|--------------------|
| (Name of the Limited | d Liability Company as it now appears of A Florida Limited Liability Company) | on our records.) | |
| The Articles of Organization for this Limited Lia | | tober 07,20 | 20 and assig |
| This amendment is submitted to amend the follow | wing: | | |
| A. If amending name, enter the new name of the new name must be distinguishable and contain the wor | the limited liability company here | 2: | 2020 |
| The new name must be distinguishable and contain the wor | rds "Limited Liability Company," the desi | gnation "LLC" or the | abbreviation 2.L.C |
| Enter new principal offices address, if applical | ble: | | 72 |
| (Principal office address MUST BE A STREET | ADDRESS) | | P |
| | | | 2: 28 |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE B | <u>ox</u> | | |
| B. If amending the registered agent and/or regagent and/or the new registered office address | here: | | |
| Name of New Registered Agent: | Wighwho J. Figue | ~0K | |
| New Registered Office Address: | Wighwho J. Figue 4839 Ashn. st. St. Enter Florida | street address | |
| | Kissinme | , Florida _ | 3478 |
| N B 1 A A B A B | | | Zip Code |
| New Registered Agent's Signature, if changing Re- | gistered Agent | | |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply wi provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with anc accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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.

or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of A |
|--------------|----------------------|--------------------|--------------|
| AP | Vanessa M. Perez | 4839 Asharst St. | |
| | | Kisgmmiz Fl. 34758 | Premo |
| | | | □Chang |
| MGR | Wigherto J. Figueroc | 4839 Ashmit St. | E Kdd |
| | | Kissinma Fl, 34758 | NO TO Remove |
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| Note: If the date is | other than the date of fil listed, the date must be specific inserted in this block does no we date on the Department of | ot meet the applicable | ate of filing or more than 90 d statutory filing requirement | _ (optional) ays after filing.) Pursuant to 605 ents, this date will not be list |
| e record specifies and is filed. | delayed effective date, but r | not an effective time, | at 12:01 a.m. on the earlie | er of: (b) The 90th day after |
|)ated | November 09 | , 2020 | | |
| | Wast Signature of | f a member or authorize | d representative of a member | |
| | _ | | | |