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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: H&R Trans-Port L. C. 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:
Hector Rodriguez Guzman Name of Person
H & R Transport LLC Finn/Company
2728 Mineria DR
Laireland, FL 33801 City/State and Zip Code
Admin Chrtransport LLC Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hector Rodriguez at (203) 526-56 43 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$30.00 Filing Fee & □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limi	ted Liability Company	as it now appears on our r bility Company)	prords)
(<u>, </u>	(A Florida Limited Lial	bility Company)	
The Articles of Organization for this Limited L	iability Company w	ere filed on Kanvary	21 2021 and assigned
Florida document number L 210000 41		J ('
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liabilit	y company here:	
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 applic	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
	-		
Enter new mailing address, if applicable:	-		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
	-	<u>_</u>	
B. If amending the registered agent and/or agent and/or the new registered office addre		dress on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:	Hector	Prodriguez	Guzman
New Registered Office Address:	2728 Mi	Enter Florida street a	ddress
	Lakeland	Cirv	, Florida 3380\
New Registered Agent's Signature if changing	Registered Agent:	City	<i>ыр</i> соце

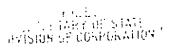
New Registered Agent's Signature, if changing Registered Agent:

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

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 21 MAR 22 PM 3: 54	Type of Action
AMBR	Hentor Rodriguez	2728 Mineola De	□Add
		Lakeland, FL 33801	□Remove
			DChange
MGIR (Prosario Torres	31 majview ave	DAGG
		Cheshire, ct 06410	□Remove
			□Change
			□Add
			□Remove
			□Change
		-r	□Add
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Note	ctive date, if othe effective date is listed, : If the date inserted ment's effective date	a in ims block a	ocs not me	et the appi	icable stati	filing or mor itory filing	e than 90 da requiremer	(options) (optio	onal) filing.) date) Pursuant t will not be	o 605.0207 (3) c listed as the
the reco	ord specifies a delay filed.	red effective date	c. but not a	n effective	time, at 12	::01 a.m. or	the earlier	of: (b)) The	e 90th day	after the
Dated	march	17		<u> २०३ (</u>							