9/21/22, 3:05 PM

Division of Corporations

Florida Department of State Division of Conorations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: RC TAX SERVICE LLC Account Name

Account Number : 120140000083 Phone

: (407)932-0040

Fax Number

: (407)520-5473

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

Email Address: Hugohengoposada@ama

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN H&G LOGISTIC TRANSPORT LLC

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Corporate Filing Menu

Help¹ R 25 ml

		COVER LETTER
TO: Registr Divisio	ation Section n of Corporations	, ,
	kg logistic transport	LLC
SUBJECT:	N	ame of Limited Liability Company
The enclosed A	rticles of Amendment and fee	(s) are submitted for filing.
Picase return all	correspondence concerning	his matter to the following:
	HUGO HENAC	
	. <u>—</u> -	Name of Person
ļ	H&G LOGIST	C TRANSPORT LLC
	· -	Firm/Company
	751 LAKE TIV	OLI BLVD APT D
		Address
	KJSSIMMEE,	FLORIDA 34741
		City/State and Zip Code
	HUGOHENAO E-n	POSADA@GMAIL.COM all address: (to be used for future annual report notification)
	ormation concerning this mat	
	:	786 9148154
HUGO HENA	Name of Person	at ()
	;	
Enclosed is a ≣ \$25.00 F	check for the following amou ling Fee S30.00 Fili Certificate	of Status Certified Copy Cortified Copy Certified Copy Certified Copy Certified Copy Certified Copy
	iling Address:	Street Address: Registration Section
Div P.C	sistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Page: 3/5

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

н	&G LOGISTIC TRANSPO				_
†	(Name of the	Limited Liability Company (A Florida Limited Lia	y as it now appear bility Company)	rs on our records.)	
The Articles of	Organization for this Limit			02/05/2021	_ and assigned
	nt number L21000063712				
 This amendmen	it is submitted to amend the	following:			
A. If amendin	g name, <u>enter the new na</u>	me of the limited liabil	ity company h	ere:	
The new name mu	st be distinguishable and contain	the words "Limited Liabilit	y Company," the	designation "LLC" or the abbr	eviation "L.L.C."
ا Enter new prip	ncipal offices address, if a	pplicable:			
(Principal offic	e address MUST BE A ST	REET ADDRESS)			
Tutar new 110	iling address, if applicable	a:			
1	ess MAY BE A POST OFF				
(Mitting bitting)					
B. If amendin	g the registered agent and he new registered office a	d/or registered office a ddress here:	ddress on our	records, <u>enter the name</u>	of the new registere
Name	of New Registered Agent		····		
<u>New</u>	Registered Office Address		Enter Fl	orida street address	
	:			, Florida	
	•		City	,,	Zip Code
New Registere	d Agent's Signature, if chan	reine Registered Agent:			
provisions of accept the obbeing filed to	pt the appointment as reg all statutes relative to the tgattons of my postiton a merely reflect a change i been notified in writing o	proper and complete registered agent as p n the registered office	performance o worlded for in	oj my auties, ana 1 am ja Chupter 605, F.S. Or, i	mittar with and filis document is
	•	If Char	iging Registered	Agent, Signature of New Reg	stered Agent

P-21 -2 022	15:20 From:	4045205473	To:8506176383	Page:4/5
If amending	Authorized Person(s) authorized to from our records:	manage, enter the title,	name, and address of cac	n person being added
MGR = M	<u>;</u>			
<u>Title</u>	Nume	Address		Type of Action
VP	GILDARDO A RICO BOI IVAR	751 LAKE TIVOLI	BLVD APT D	
		KISSIMMEE,FL 34	1741	Remove
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D. If ame	nding any other information,	enter change(s) here: (Attach additional sheets, if necessary.)
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*** *******	tive date, if other than the dut	of filing:(optional)
(If an el Note:		specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) does not need the applicable statutory filing requirements, this date will not be listed as the
If the reco		te, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Date	SEPTEMBER 21	, 2022
		20 Apris Of
	Sig	Annual of a member or authorized representative of a member
	1.00	Typed or printed name of signee
	į. 1	

Filing Fee: \$25.00