## L21000221640

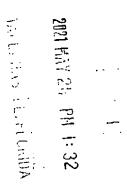
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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

eun iret.	HELLBOY 1	TRUCKING LLC				
SUBJECT:	Name of Lim	ited Liability Company	<del></del>			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
		Edwin Armijo				
		Name of Person	· · · · · · · · · · · · · · · · · · ·			
		Simplex Group INC				
		Firm/Company				
	7:	7500 NW 52ND ST, SUITE 100				
	<del></del>	Address				
MIAMI FLORIDA 33166						
	·	City/State and Zip Code				
	corps@simplexgroup.net					
	E-mail address: (	to be used for future annual report not	ification)			
For further information c	oncerning this matter, please co	ali:				
YILIAN ALMIRA GONZAŁEZ		786 6819850 at ()				
Name o	f Person	Area Code Daytin	ne Telephone Number			
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address Registration		Street Address: Registration Se	ection			
Division of C P.O. Box 632		Division of Co The Centre of				
r.O. DOX 032	, 1	THE CERTIE OF	1 anaha3300			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

HELLBOY TRUCKING 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 5/12/2021 and assigned Florida document number L21000221640 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC. 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: YILIAN ALMIRA GONZALEZ Name of New Registered Agent: 365 W 19 ST APT4 New Registered Office Address: Enter Florida street address , Florida 33010
Zip Code HIALEAH

## 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.

Cin

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	Type of Action
AMBR	YILIAN ALMIRA GONZALEZ		□Add
			□Remove
		365 W 19 ST APT4 HIALEAH FL 33010	<b>≡</b> Change
MGR	LUIS MORALES	365 W 19 ST APT4 HIALEAH FL 33010	=Add
			□ Remove
			□Add
			Remove
			Change
	·		🗆 Add
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	May 19th	2021				
ted	-	<del></del> '	<del></del>			

Filing Fee: \$25.00