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TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

HUGGINS TRANSPORTERS LLC SUBJECT: 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: BERNARD CHRISTOPHER HUGGINS II Name of Person HUGGINS TRANSPORTERS LLC Firm/Company 2356 ACADEMY AVE Address DELTONA, FL 32738 City/State and Zip Code hugginstransporters@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: BERNARD CHRISTOPHER HUGGINS II 8982254 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■** \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HUGGINS TRANSPORTERS LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company dorida document number $\frac{L21000285290}{L}$.	were filed on 06/21/2021	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		2
		P
nter new mailing address, if applicable:		72
Mailing address MAY BE A POST OFFICE BOX)		27
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Power Piters to a series	
	Enter Florida street address	
	Florid	a Zip Code
	ϵuy	Zip Code

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 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>	<u>Address</u>	Type of Action
AMBR		GINS,2356 ACADEMY AVEDELTONA, FL 32738	= Add
			□Remove
			□Change
AMBR	HUGGIES, BERNARD C. II	2356 ACADEMY AVEDELTONA, FL 32738	□Add
			≡ Remove
			□Change
			🗀 Add
			□Remove
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			Remove
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			□Remove
			Changu

	
E. Effective date, if other than the date of filing:	07 (3)(t as the
f 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 ecord is filed.	ie
Dated	
Bra. Hin-	
Signature of a member or authorized representative of a member	
BERNARD CHRISTOPHER HUGGINS II	

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