## h21000302440

|                      | (Requestor's Name)       |
|----------------------|--------------------------|
|                      |                          |
|                      | (Address)                |
|                      |                          |
|                      | (Address)                |
|                      |                          |
|                      | (City/State/Zip/Phone #) |
|                      |                          |
| PICK-UF              | WAIT MAIL                |
|                      |                          |
|                      | (Business Entity Name)   |
|                      |                          |
|                      | (Document Number)        |
|                      |                          |
| Certified Copies     | Certificates of Status   |
|                      |                          |
| <u> </u>             |                          |
| Special Instructions | to Filing Officer:       |
|                      |                          |
|                      |                          |
|                      |                          |
|                      |                          |
|                      | 8-12-21                  |
|                      | TM                       |
|                      |                          |

Office Use Only



600370879906

08/02/21--01021--017 \*\*55.00

21 AUG -2 PN 2: 35

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: Templar Hawling & Freight LLC 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:  |
| Kevin Anthony Herrero<br>Name of Person  |
| Templar Hauling & Freight LLC  |
| 15757 Pines Blad Swite 273   |
| Pemboke Pines, FL 33028 City/State and Lip Code  |
| templa and tanguare annual report notification)  |
| For further information concerning this matter, please call:   |
| Keigh Herrero at (454) 401-0588  Area Code Daytime Telephone Number  |
| 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 (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certified 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**

21 AUG -2 PM 2: 35 ility Company as it now appears on our records.)

| The Articles of Organization for this Limited Liability Com   | npany were filed on                 | and assigned                       |
|---|-------------------------------------|------------------------------------|
| Florida document number   |                                     |                                    |
| This amendment is submitted to amend the following:   |                                     |                                    |
| A. If amending name, enter the new name of the limited  | d liability 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 applicable:   |                                     |                                    |
| (Principal office address MUST BE A STREET ADDRES   | <u> </u>                            |                                    |
| 1   |                                     |                                    |
| Enter new mailing address, if applicable:   | ·                                   |                                    |
| (Mailing address MAY BE A POST OFFICE BOX)  | <del> </del>                        |                                    |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | <del></del>                         |                                    |
| Name of New Registered Agent:   |                                     | ···                                |
| New Registered Office Address:  | Enter Florida street a              | ddress                             |
|   |                                     | . Florida                          |
| ****  | City                                | 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

Title Name

Address

Type of Action

| Title       | <u>Name</u>   | Address       | 1 ype of Action    |
|-------------|---------------|---------------|--------------------|
| HMBR        | Keuch Herrero | # 16292 NI    | N 13th St ZAdd     |
|             |               | Pembroke fire | \$ FL 33028 Remove |
|             |               |               | Change             |
|             |               |               | □Add               |
|             |               |               | □ Remove           |
|             |               |               | □ Change           |
|             |               | <del> </del>  | □Add               |
|             |               |               | □Remove            |
|             |               |               | □Change            |
| <del></del> |               |               | □Add               |
|             |               |               | □Remove            |
|             |               |               | □Change            |
|             |               |               | □Add               |
|             |               |               | □Remove            |
|             |               |               | □Change            |
|             |               |               | □∧dd               |
|             |               |               | □Remove            |
|             |               |               |                    |

|                              | 21 AUG -2   | P# 2:35                     |
|------------------------------|---|-----------------------------|
|                              | 21700 E   | · · · -                     |
|                              |   |                             |
|                              |   |                             |
|                              |   |                             |
|                              |   | <del></del>                 |
|                              |   |                             |
|                              |   |                             |
|                              |   |                             |
|                              |   | 4                           |
|                              |   |                             |
|                              |   |                             |
|                              |   |                             |
|                              |   |                             |
|                              |   |                             |
|                              |   |                             |
|                              |   |                             |
|                              |   |                             |
|                              |   | <del>-</del>                |
| <del></del>                  |   | <u>,, </u>                  |
|                              |   |                             |
| re: If the date              | is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing inserted in this block does not meet the applicable statutory filing requirements, this date tive date on the Department of State's records. | g.) Pursuant to 605.0207 (. |
| record specific<br>is filed. | a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)   | The 90th day after the      |
| 4                            | 1 21 2021   |                             |
| ated                         | 14 6  |                             |
|                              |   | <u> </u>                    |
|                              | Signature of a member or authorized representative of a member  |                             |
|                              | Kanh A Homen  |                             |
|                              | Typedfor printed name of signee   | <u></u>                     |

•