# Portal Lepartment of State Division of Corporations Electronic Filing Coverage and

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAMADRID FINANCIAL SERVICES CORP

Account Number : 120200000059 Phone : (954)727-9771

Fax Number : (954)727-9773

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

Email Address: diano a lamodrid [manual.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HARD TRUCKS GROUP FL LLC

Certificate of Status	0
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#### **COVER LETTER**

TO: R	legistration Sec division of Corp	tion orations		
OLID ID CO		CKS GROUP FL LLC		
SUBJECT	ı:	Name of Limit	ed Liability Company	
The enclos	sed Articles of A	RD TRUCKS GROUP FL LLC  Name of Limited Liability Company  Sicles of Amendment and fee(s) are submitted for filing.  correspondence concerning this matter to the following:  MARIA F RODRIGUEZ  Name of Person  HARD TRUCKS GROUP FL LLC  Firm/Company  362 BRIDGETON RD  Address  WESTON, FL 33326  City/State and Zip Code  agreenowall@gmail.com  E-mail address: (to be used for future annual report notification)  rmation concerning this matter, please call:  uez  786  5682314  Name of Person  Take Code  Daytime Telephone Number		
Please ren	um all correspor	dence concerning this matter to	o the following:	
		MARIA F RODRIGUEZ		2 S60.00 Filing Fee, Certificate of Status & Certified Copy
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		HARD TRUCKS GROUP	FL LLC	
			Firm/Company	
		362 BRIDGETON RD		
			Address	
		WESTON, FL 33326	_	
			City/State and Zip Code	
			have dies fisher annual report pr	otification)
For further	er information co			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Rodriguez		786 5682314	
<del></del>	Name o	f Person	Area Code Days	ime Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>■</b> \$25.0	00 Filing Fcc		Certified Copy	Certificate of Status & Certified Copy

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

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#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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TALLAHASSET,	Tonin.

HARD TRUCKS GROUP FL LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our recourds Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Florida document number L21000416826		and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the !	imited liability company here:	
N/A		COL at although the MI I C "
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LI	LC" or the appreviation "L.L.C.
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or registon agent and/or the new registered office address her	ered office address on our records, <u>ent</u> re:	er the name of the new regis
Name of New Registered Agent: N/	'A	
New Registered Office Address:		
	Enter Florida street add	iress
<del>-</del> -		Florida Zip Code
	City	Zip Couc

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: < H 24000407677 3>

MGR = Manager AMBR = Authorized Member

UTC

Title	<u>Name</u>	Address	Type of Action
MBR	GAVIOLA GONZALO	6435 BAY CLUB DR APT 2	□ Add
		FT LAUDERDALE, FL 33308	≣Remove
			□ Change
MBR	GAVIOLA AGUSTIN	6435 BAY CLUB DR APT 2	<b>a</b> Add
		FT LAUDERDALE, FL 33308	□Remove
			Change
			☐Add ☐Remove
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record specifies a delayed effec	ive date, but no	ot an effective	time, at 12:01 a	a.m. on the carli	er of: (b)	Γhe 90th day a	after the
is filed.							
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