L21000451056

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	rsiness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	J. HORNE JAN IU 202	

Office Use Only



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12/27/21--01030--010 **30.00



COVER LETTER

TO:	Registration Se Division of Cor			
C140 132		TRANSPORTATION LLC		
SUBJEC	CI;	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		CRISTIANA RUTIA		
			Name of Person	
			Firm Company	
		1513 INDIAN OAK TRL		
		•	Address	
		KISSIMMEE, FL 34747		
			City/State and Zip Code	
		HIGHLUXTRANSPORTA E-mail address: (TION@GMAIL.COM to be used for future annual report in	otification)
For furtl	her information c	oncerning this matter, please c		
JULIAN	NNE DIAZ RUT	IA	407 3690087 at ()	
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclose	d is a check for the	he following amount:		
□ \$25	0.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 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 S	
	Division of C	Corporations	Division of C	orporations
	P.O. Box 632	27	The Centre of	f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

20

If Changing Registered Agent, Signature of New Registered Agent

2021 DEC 27_ AM 8206

SECRETARY OF STATE

HIGHLUX TRANSPORTATION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

were filed on $\frac{112087}{2}$	and assigned
lity company here:	
ty Company," the design	nation "LLC" or the abbreviation "L.L.C."
ddress on our reco	rds, enter the name of the new registered
Enter Florida	Atroat address
zate i toriuu	
City	, Florida Zip Code
•	·
performance of my rovided for in Cha	vacity. I further agree to comply with the duties, and I am familiar with and pter 605. F.S. Or, if this document is confirm that the limited liability
	Enter Florida City te to act in this cap performance of my rovided for in Cha

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	MARCOS S FERNANDES	1513 INDIAN OAKS TRE	
		KISSIMMEE, FL 34747	Remove
			⊒Change
			□Add
			□Remove
			⊡Change
		□Add	
			🗀 Remove
		⊡Add	
		□Remove	
			
			□Add
			□Remove
			□Change
·		CAdd	
			Remove
			□Change

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	11/08/2021
ffective an effect	date, if other than the date of filing:
ote: II	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
ocumen	's effective date on the Department of State's records.
record s I is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	ECEMBER 16th 2021
ated T	
ated ${\cal I}$	(X, Y,
ated ${\cal I}$	Contraction of the second
)ated ${\cal I}$	Signature of a member or authorized representative of a member

Filing Fee: \$25.00