

21 000 481056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900389921129

07 JUL 2022 10:14 AM C 6-10.00

S. CHATHAM

SEP 30 2022

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 JUL -1 PM 3:21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HIGHLUX TRANSPORTATION 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:

EDNA MENDEZ

Name of Person

EMPIRE BUSINESS & TAX ADVISORS, LLC

Firm Company

120 BROADWAY AVE SUITE 302

Address

KISSIMMEE, FL 34741

City/State and Zip Code

ednamendez@empirebta.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDNA MENDEZ

407

613-0850

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate 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

If Changing Registered Agent, Signature of New Registered Agent

If ainending 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>	<u>Type of Action</u>
AMBR	CRISTIANA RUTIA	1513 INDIAN OAK TRL	<input type="checkbox"/> Add
		KESSIMMEE, FL 34747	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JUAN MANUEL DIAZ OJEDA	AVENIDA COBA #15 APT 203 PA SM22	<input checked="" type="checkbox"/> Add
		CANCUN, QUINTANA ROO 77500 MEX	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
DIVISION OF CONSUMER PROTECTION
JUL 11 2011
TALLAHASSEE, FL

22 JUL - 1 PM 3:21

SECRET
DIVISION OF COMPTROLLER
22 JUL - 1 PM 3:21

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If 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 record is filed.

Dated 6/28 A, 2022

Signature of a member or authorized representative of a member

JUAN MANUEL DIAZ OJEDA

Typed or printed name of signee

Filing Fee: \$25.00