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(Requestor's Name)
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

HIGHLUX SUBJECT:	TRANSPORTATION LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	EDNA MENDEZ		
		Name of Person	
	EMPIRE BUSINESS & T.	AX ADVISORS, LLC	clephone Number \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		Firm Company	
	120 BROADWAY AVE S	UITE 302	
		Address	
	KISSIMMEE, FL 34741		
		City/State and Zip Code	
	ednamendez@empirebta.co	m	
	E-mail address; (to be used for future annual report nou	fication)
For further information e	oncerning this matter, please ca	all:	
EDNA MENDEZ		407 613-0850	
Name o	t Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Address Description 6		Street Address:	ation
Registration S Division of C		Registration So Division of Cor	
P.O. Box 632	-	The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIGHLUX TRANSPORTATION, LLC

(Name of the Lim	ited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) ipany)	
he Articles of Organization for this Limited I lorida document numberL21000481056	Liability Company were filed	on 11/06/2021	and assigned
his amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name	of the limited liability comp	any here:	
he new name must be distinguishable and contain the	words "Limited Liability Company	;" the designation "LLC" or th	e abbreviation "L.L.C."
nter new principal offices address. if appli	cable:	· · · · · ·	
Principal office address MUST BE A STRE	ET ADDRESS)		
			SEC DIV.SH 22 JU
iter new mailing address, if applicable: <i>Iailing address MAY BE A POST OFFICE</i>		 	1 000 m
www.cs.///// 122/11/051/011/03			7 335
. If amending the registered agent and/or zent and/or the new registered office addre		our records, enter the n	ي کي کي ame of the new registo
Name of New Registered Agent:	EMPIRE BUSINESS & T/	AX ADVISORS, LEC	,
New Registered Office Address:	120 BROADWAY AVE S	UITE 302	
	En	ter Florida street address	•
	KISSIMMEE	, Florida	34741
	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 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

Title	<u>Name</u>	Address	Type of Action
AMBR	CRISTIANA RUTIA	1513 INDIAN OAK TRL	🗀 Ad d
		KISSIMMEE, FL 34747	■Remove
			□Change
AMBR	JUAN MANUEL DIAZ OJEDA	AVENIDA COBA #15 APT 203 PA SM22	■Add
		CANCUN, QUINTANA ROO 77500 MEX	LJRemove
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an effective date is lister	ter than the date of filia d, the date must be specific ar rted in this block does not	id cannot be prior	r to date of filing or	more than 90 days a	ifter filing.) Pursuant	
	late on the Department of			ang requirements,	tills date will five	K HSted a
record specifies a del is filed.	layed effective date, but no	ot an effective t	ime, at 12:01 a.n	n, on the earlier of	l (b) The 90th da	y after the
	6/28	2022	<u> </u>			
ated		Sel				
ated	Signature of :	theinber or auth	orized representat	ive of a member		

Filing Fee: \$25.00