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(Re	questor's Name)	
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T. MATTHEWS

MAR - 4 2022

◆COVER LETTER

TO:	Registration Se Division of Cor			ge r
	Kia Motor	s Hazlenton Transportation	,	
SUBJE	ECT:	· · · · · · · · · · · · · · · · · · ·		
		Name of Lim	ited Liability Company	_
		Amendment and fee(s) are sub-	-	
Picasc	тешті ан соттемро	ndence concerning this matter	to the following.	
		Jose Manuel Guerrero Sep	milveda	
		·	Name of Person	······································
		Kia Motors Haztenton Tra	insportation	
			Firm/Company	
		15030 sw 104th street apt	2020	
			Address	-
		Miami, Horida 33196		
	City/State and Zip Code jmgs980@gmail.com			
		E-mail address: (to be used for future annual report notific	cation)
For fur	ther information c	oncerning this matter, please ca	all:	
Jose Manuel Guerrero Sepulveda		Sepulveda	786 218-9496	
	Name o	l Person	at () Area Code Daytime 1	Felephone Number
Enclos	ed is a check for th	nc following amount:		
■ \$ 2	5.00 Filing Fcc	☐ \$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 cupy is enclosed)
	Mailing Addres		Street Address: Registration Sect	ion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

22 FF 21 FH 3: 14 Sia Motors Hazlenton Transportation Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company 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 liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida ___

If amending Authorized Person(s) authorized o 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>	Type of Action
MGR	Jose Rafael Concepcion	3817 NW 1751'H ST, Miami Gardens, FL 33055	- 7
			■ Add
			□Remove
			Change
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			Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effect ote: If	e date, if other than the date of filing:
record : is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after tild.
nted	Signature of a member or authorized representative of a member
	10001110
	Signature of member or authorized representative of a member