

h22 000159469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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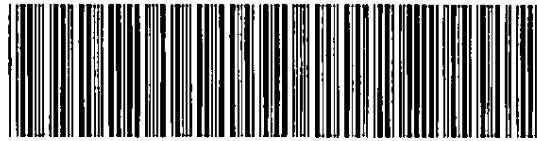
(Business Entity Name)

(Document Number)

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S. CHATHAM

OCT - 9 2022

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 JUL 15 PM 3:45

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: HIGHWAY EXPRESS 724 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:

GIOVANNY RETSREPO

\_\_\_\_\_  
Name of Person

HIGWAY EXPRESS 724 LLC

\_\_\_\_\_  
Firm/Company

8090 NW 12TH ST

\_\_\_\_\_  
Address

MARGATE FL 33063

\_\_\_\_\_  
City/State and Zip Code

judithrivers@gmail.com

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

For further information concerning this matter, please call:

JUDITH RIVEROS

954 6675213  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

HIGHWAY EXPRESS 724 LLC

(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 04/04/2022 and assigned  
Florida document number 1.22000159469.

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 "L.L.C."

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)

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**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:

GIOVANNY RESTREPO

New Registered Office Address:

8090 NW 12 TH ST

Enter Florida street address

MARGATE

City

Florida 33063

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 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>	<u>Address</u>	<u>Type of Action</u>
MRG	CESAR ANDRES POLANIA	8090 NW 12TH ST	<input checked="" type="checkbox"/> Add
		MARGATE FL 33063	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MRG	MARTHA ISABEL GARCES	8090 NW 12TH ST	<input checked="" type="checkbox"/> Add
		MARGATE FL 33063	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	MARTHA GARCES	8090 NW 12TH ST	<input type="checkbox"/> Add
		MARGATE FL 33063	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

DIVISION OF CORRECTIONS  
22 JUL 15 PM 3:45

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DIVISION OF CORPORATION  
26 JUL 15 PM 3:45

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 07/01/2022

Plantefonds

Signature of a member or authorized representative of a member

Martha Isabel Garces

Typed or printed name of signee