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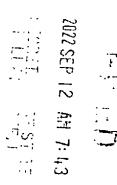
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Special Instructions to	Filing Officer:	
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Office Use Only



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A. BUTLER
DEC - 7 2022

## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Section Division of Corporations
SUBJECT: HERRICAN GLOBAL TRUCK LICE  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:
Parlos lo Pez Name of Person
Firm/Company
331 MW 82 ND AUR DPT 1310 Address
City/State and Zip Code
For further information concerning this matter, please call:
Ourlos Lopez at (305) 342 - 1069.  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Signature Solution Signature Solution S
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	The state of the s	
A Me aican Cobal (Name of the Limited Liability (A Florida	v Company as it now appea Limited Liability Company)	2022 SEP 12	7 40
The Articles of Organization for this Limited Liability Co Florida document number <u>L 220003787</u>	ompany were filed on <u>"</u> 	2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company h	<u>ere</u> :	
The new name must be distinguishable and contain the words "Limit Enter new principal offices address, if applicable:	ted Liability Company," the	designation "LLC" or the abb	reviation "L.L.C."
(Principal office address MUST BE A STREET ADDR)	ESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our i	ecords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			<del> </del>
New Registered Office Address:	Enter Flo	rida street address	<del></del>
		, Florida	
Num Desire and America Cineses and to be a size to the size to	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 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
AMBIL.	Carlos Lopez	331 MW 82 ND AVE APT 1310 Miami FL 33126.	t Add
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			□Change
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(If an effe Note:	ye date, if other than the date of filing:
f the record ecord is file	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 ed.
Dated_	99 - 96 - 2022.  Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Typed or printed name of signce

Filing Fee: \$25.00