L23000077009

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
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09/12/23--01039--002 **25.00



COVER LETTER

TO:

Registration Section

Division of Cor	porations AULERS TRUCKING, LLC		
SUBJECT:		nted Liability Company	
The construct Assistance	Amendment and fee(s) are sub	unitered for Oliver	
		_	
Please return all correspo	indence concerning this matter	to the following:	
	CHRISTIAN GUIDOS		
		Name of Person	
	HEAVY HAULERS TRU	CKING, LLC	
		Firm/Company	
	201 HUNT STREET #413		
		Address	
	CLERMONT, FL 34711		
	CNETOG@HOTMAIL.CC	City State and Zip Code	
		to be used for future annual report not	affication)
For further information e	oncerning this matter, please c	all:	
CHRISTIAN GUIDOS		689 808-3850	
Name o	f Person	Area Code Daytin	ne Lelephone Number
Enclosed is a check for the	ic following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	© S55.00 Filing Fee & Certified Copy radditional copy is enclosed)	[1] \$60,00 Filing Fee, Certificate of Status & Certified Copy indditional copy is enclosed;
Mailing Addres Registration 9	Section	Street Address: Registration Se	
Division of C		Division of Cor	

Registration Section R
Division of Corporations D
P.O. Box 6327 T
Tallahassee, FL 32314 2

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

HEAVY HAULERS TRUCKING, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C		and assigned
Florida document number L23000077009	<u> </u>	
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lim	nited liability company here:	
		20
he new name must be distinguishable and contain the words "Lin	nited I iability Company," the designation "LI C" o	r the abbreviation H.L.C.
Enter new principal offices address, if applicable:		
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Principal office address MUST BE A STREET ADDI	RESS)	
		<u></u>
		· 3
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BON)		
3. If amending the registered agent and/or registere	ed office address on our records, enter th	e name of the new regis
gent and/or the new registered office address here:	· ·	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	da
	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>fitle</u>	<u>Name</u>	Address	Type of Action
MGR	JULIO GUIDOS	201 HUNT STREET #413 CLERMONT FL 34711	🗆 🗆 🗀 Add
			Remove
			□Change
			⊡Add
			L'iRemove
			(TChange
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			□Remove
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Tective date, if other than the date of fili in effective date is listed, the date must be specific a ote: If the date inserted in this block does not becoment's effective date on the Department of	d cannot be prior to date meet the applicable st	of filing or more than 90 day	
ecord specifies a delayed effective date, but n is filed.	4 an effective time, at	12:01 a.m. on the earlier	of: (b) The 90th day after the
•	. 1023		

Filing Fee: \$25.00