

L24000247706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

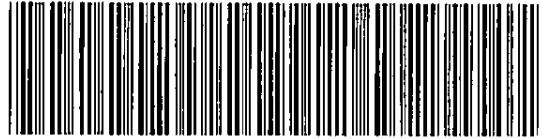
(Business Entity Name)

(Document Number)

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2024 JUL -8 AM 10:30

CLERK OF STATE
TALLAHASSEE, FLORIDA

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2024 JUL -8 PM 3:40

CLERK OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR
TALLAHASSEE, FL 32309

(850) 491-9625 Brandon

(850) 524-5437 Teresa

(850) 524-6243 Rich

Please use funds from account: I20210000160: \$25.00

Authorization Signature: _____

Business Name: Hulk Haul Transport LLC

Document # L24000247706

___ Certified Copy

___ Certificate of Status

NEW FILINGS

&

AMENDMENTS

___ Profit Corp

___ Not for Profit

___ Limited Liability

___ Domestication

___ LLLP

___ Corp

___ Inc

___ Other

X Amendment

___ Resignation / Dissociation

___ Change of Registered Agent

___ Revocation of Dissolution

___ Merger

___ Articles of Conversion

___ Amended & Restated Articles of Incorporation

___ Statement of Authority

APOSTILLE(s)

&

OTHER FILINGS

___ Apostille(s)

___ Country(s)

___ Foreign Filing

___ Reinstatement

___ Qualification

___ Fictitious Name

___ Annual Report

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Hulk Haul Transport 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:

Corey James

Name of Person

Hulk Haul & Transport LLC

Firm/Company

12251 NW 5th st

Address

Plantation Florida 33325

City/State and Zip Code

hulktransllc@gmail.com

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

For further information concerning this matter, please call:

Corey James

980

8885439

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**

Hulk Haul Transport LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
and assigned

The Articles of Organization for this Limited Liability Company were filed on 05/31/24
Florida document number L24000247706.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Hulk Haul & Transport LLC

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)

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

Florida

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Add & sign to company name

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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.

If the record 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 record is filed.

Dated 07/08/24

2:49pm

Signature of a member or authorized representative of a member

Corey James

Typed or printed name of signee