

L24 000 280 788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

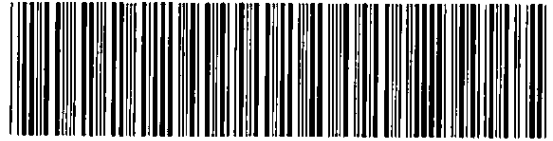
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Purple Heart 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:

Isaac Huehe
Name of Person

Purple Heart Transport LLC
Firm/Company

2077 Keel Way
Address

Kissimmee FL 34744
City/State and Zip Code

Purplehearttransportllc@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Isaac Huehe at (407) 460-0072
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

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>
MGR	Isaac Huchic	2077 Kool Way	<input checked="" type="checkbox"/> Add
		Kissimmee FL 34744	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Noaher Coecres	2077 Kool Way	<input type="checkbox"/> Add
		Kissimmee FL 34744	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

2018 SEP - 11 PM 3:43
SECRETARY OF STATE
TALLAHASSEE FL

2024 SEP -4 PM 3:44
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TALLAHASSEE, FL

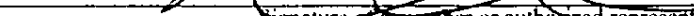
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 August 30, 2024


Signature of a member or authorized representative of a member

NOLIBER CACERES

Typed or printed name of signee