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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION: HCS TRANSPORTATION CORP

DOCUMENT NUMBER: P22000052418

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HECTOR CUELLAR SUAREZ

Name of Contact Person

HCS TRANSPORTATION CORP

Firm/ Company

3300 HOLIDAY LAKE DR

Address

HOLIDAY FL 34691

City/ State and Zip Code

truckyard05@gmail.com

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

For further information concerning this matter, please call:

Hector Cuellar Suarez		754 at (214-2292	
Name o	f Contact Person		de & Daytime Telephone Nu	umber 4 Ci
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:	ा
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	<u><u> </u></u>
	ing Address ndment Section		Address Iment Section	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 5.3

Articles of Amendment to Articles of Incorporation of

HCS TRANSPORTATION CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P 22000052418

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(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

"In	ne must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abb hc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must nartered," "professional association," or the abbreviation "P.A."	reviation contain_t	"Corp.," he word
	Enter new principal office address, if applicable: incipal office address <u>MUST_BE A STREET ADDRESS</u>)		
c.	Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		2022 J
D.	If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	<u> </u>	
	Name of New Registered Agent	: · ·	<u>छ</u> <u>दा</u>

(Florida street address)

New Registered Office Address: _

(Citv)

(Zip Code)

, Florida_

The new

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New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

□ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

.

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = ChiefExecutive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

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Example: <u>X</u> Change	<u>PT</u> .	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>SV</u> 3	Sally Smith	
<u>Type of Action</u> (Check One)	Title	Name	Address
(Check Oile)	V	YANELA GAMEZ DIAZ	806 PATBUR AVE
X Add			TAMPA FL 33612
Remove			
2) Change			
Add			
Remove 3) Change			
Add			·
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<u> </u>		
Add			
Remove			

<u>f amending or adding additional Arti</u> Attach <i>additional sheets, if necessary).</i>	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
<u> </u>	
<u>f an amendment provides for an excl</u> provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<u></u>	

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_____, if other than the The date of each amendment(s) adoption: _____ date this document was signed. .

Effective date if applicable:

(no more than 90 days after amendment file date)

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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.

(CHECK ONE) Adoption of Amendment(s)

- E The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- □ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

	(voting group)
7/5/2022	
Dated	7
Signature <u>: L</u> e	and .
(By a dire selected,	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
Н	ECTOR CUELLAR SUAREZ
-	(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)