122000092977

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

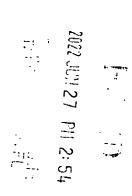
Office Use Only

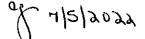
- علاها



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04/15/22--01018--019 **25.00





COVER LETTER

TO: Registration S Division of Co			
	lemandez's LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Christian Aleman		
		Name of Person	
		Firm Company	
	4167 Fort Adams Avenue		
		Address	
	Denaud, Fl. 33935		
	hector_rivera192@yahoo.co	City/State and Zip Code om to be used for future annual report no	tification)
For further information	concerning this matter, please c	·	
Cristian Aleman		863 517-9604	
Name	of Person	at ()	ne 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 Tadditional copy is enclosed)
Mailing Addre		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of	

Tallahassee, FL 32314

TO:

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



May 21, 2022

CHRISTIAN ALEMAN 4167 FORT ADAMS AVENUE DENAUD, FL 33935

SUBJECT: CHRIS & HERNANDEZ'S LLC

Ref. Number: L22000092977

We have received your document for CHRIS & HERNANDEZ'S LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 222A00011627

Claretha Golden Regulatory Specialist II

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JUN 27 PH 2: 54

Chris & Hernandez's LLC

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

	Company were filed on $\frac{02/14/2022}{1}$	and assigned
Florida document number 1.22000092977	—.··	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Chris & Hernandez's Transport LLC		
The new name must be distinguishable and comain the words "Lin	nited 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 ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere	ed office address on our records, <u>enter t</u>	he name of the new registere
B. If amending the registered agent and/or registere agent and/or the new registered office address here: Name of New Registered Agent:	ed office address on our records, <u>enter t</u>	he name of the new registere
agent and/or the new registered office address here:		he name of the new registere
agent and/or the new registered office address here: Name of New Registered Agent:	ed office address on our records, <u>enter t</u>	he name of the new registere
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street address	
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street address, Flor	

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>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			☐ Change
			□Remove
			□Change
		□Add	
			□Remove
			□Change
		□Add	
		□Remove	
		□Add	
			☐ Change
			CAdd
			□Remove
			□Change

D. II amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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_	
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<u>Note:</u> II	e date, if other than the date of filing: (optional) (ive 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)6 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t'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
Dated _	ne 24
	Least a member of anthonized representative of a member
	Christian Aleman
	Eyped or printed name of signee

Filing Fee: \$25.00