## L14000070686

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of St	atus
Special Instructions to Filing Officer:	
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:	Name of Lim	ited Liability Company	<del></del>	
The enclosed Articles (cf.	Amenament and hiers) are sub	mitted for filling.		
Please return all correspo	ndence concerning this matter	to the following:		
	GERSON MARTINS MO			
		Name of Person	<del></del>	
		•		
		Frim Company		
	1601 NE 331d Ct	,		
		Address		
	POMPANO BEACH FL 3			
		City/State and Zip Code		
	g-mail mintens:	io be good for figure amust is personal	(tigair - )	
For further information c	oncerning this matter, please of	afl.		
GERSON MARTINS M	UZY -	954 821-3110		
Name o	f Person	954 821-3410 at () Area Code Daytin	te Telephone Number	
Enclosed is a check for ti	ne following amount.			
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	[] \$55.00 Filing Fee & Conified Copy (codmonal copy is enclosed)	South Filing Fee, Certificate of Status & Certified Copy gaddinonal copy is enclosed)	
Mailing Address Registration 5	Section	Street Address: Registration Se		
Division of C P.O. Box 632	•	Division of Corporations The Centre of Tallahassee		
Tallahassee.		2415 N. Momo Tallahassee, FI	e Street, Suite 810 _ 32303	



September 30, 2022

CHEPPLIER CHEMICAL SUPPLIER LLC 1601 NE 33RD CT POMPANO BEACH, FL 33064-6204

SUBJECT: CHEPPLIER LLC Ref. Number: W22000124202

We have received your document for CHEPPLIER 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6939.

Letter Number: 822A00021817

Stacy Prather Regulatory Specialist III

2022 OCT 18 PH

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHEPPLIER CHEMICAL SUPPLIER LLC

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

(A Flor	ida Limited Erability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 05/01/2014	ि होते.assigned
Florida document number L14000070686	<del></del> -	<del>}</del>
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
CHEPPLIER LLC		
The new name must be distinguishable and contain the words "L	amited I lability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		ne name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sit eet address	
	rnige ploraa sireet address	
	, Flor	ida
<del></del>	Ca Ca	

## New Registered Agent's Signature, it 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>Title</u>	<u>Name</u>	Address	Type of Action
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			[]Remove
			T Change
			TAdd
			LJRemove
			Change
			Add
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effective date is listed, the date mu e: If the date inserted in this b	st be specific and commot be pric lock does not meet the appli	or to date of liting of more that teable statutory filing requ	a 90 days after fitting.) Purs froments, this date will i	not be listed a
iment's effective date on the D	Department of State's record	ŝ.		
ord specifies a delayed effectiv filed.	re date, but not an effective	time, at 12:01 a.m. on the	carrier of: (b) The 90t	n day affer the
:d	2032 	<u>~</u> )·		}· ~
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	Signature of seasons of aut	horized epiresephilic of a m	ember	2022 OCT 18
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Filing Fee: \$25.00