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Certified Copies	_ Certificates	s of Status
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COVER LETTER

Registration Section Division of Corporations

· TO:

SUBJECT:	CHICHI'S TRUCKIN	G LLC	
30b/EC1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
		JULIO MOLINA	
		Name of Person	
	ال	JILIO MOLINA PA	
	20	Firm/Company	
	OR	Firm/Company 2002 CURRY FORD RD Address ORLANDO, FL 32806 City/State and Zip Code JULIOMOLINA@BELLSOUTH.NET E-mail address: (to be used for future annual report notification) ning this matter, please call: A 407 228-4757 at (
		CitroState and Tin Carlo	10, 11, 11, 11, 11, 11, 11, 11, 11, 11,
	JULIOM		
	E-mail address: (to be used for fature annual report no	tification)
For further information	concerning this matter, please c	all:	•
JULIO M	OLINA		
Name	of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Regisi Divisi	JNG ADDRESS: tration Section on of Corporations	Registration Sect Division of Corp-	ion
	30x 6327 assec, FL 32314		Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHICHI'S TRUCKING LLC		
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on04/06/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4735 HICKORY TREE RD	2 2
(Principal office address MUST BE A STREET ADDRESS)	SAINT CLOUD, FL 34772	SECORE VISION
Enter new mailing address, if applicable:	4735 HICKORY TREE RD	GF CORPC
(Mailing address MAY BE A POST OFFICE BOX)	SAINT CLOUD, FL 34772	10: 4 1
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		er the name of the new
New Registered Office Address:	Enter Florida street address	
	, Florida_	·
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agents	<u>t</u>	

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
			☐ Remove
			□ Remove
			Change
			Remove
		**************************************	☐ Change
		 	
			□ Remove
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			Remove
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Effective date, if other than the date of filing: If I'm effective date is listed, the date must be specific and cannot be mire to date of filing or more than MI days after filing.) Pursuant to 605 02:07 Note: If the date inserted in this black does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the Poth day after the record is filed. Dated Lack Signitude of a member or authorized representative of a member EDWIN TORRES ORTIZ				
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Signature of a member or authorized representative of a member			12:01 a.m. on the earlie	er of:
Signature of a member or authorized representative of a member	Dated	27-18		
Signature of a member or authorized representative of a member		All Y		
EDWIN TORRES ORTIZ		Signature of a member or authorized representative of a mem	ber	
	I	EDWIN TORRES ORTIZ		

Page 3 of 3

Filing Fee: \$25.00