

**L16000220208**

\_\_\_\_\_  
(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

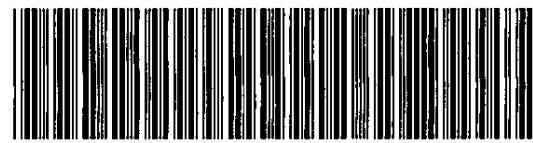
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/20/17--01010--001    \*\*25.00

17 MAY -3 PM 1:30

O SIMMONS  
MAY 03 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 21, 2017

RECEIVED  
2011 MAY -3 PM 4:05  
SOLICITOR GENERAL  
TALLAHASSEE, FLORIDA

CHRISNER ERNEUS  
5316 MILLENIUM BLVD  
APT 10415  
ORLANDO, FL 32839

SUBJECT: CHERNEUS TRUCKING, LLC  
Ref. Number: L16000220208

We have received your document for CHERNEUS TRUCKING, 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):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons  
Regulatory Specialist II

Letter Number: 417A00007794

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CHERNEUS TRUCKING, 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:

Chrisner Ernew

Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

5316 Millenia Blvd Apt 10415- Orlando, FL  
32839  
City/State and Zip Code

Chernew@gmail.com

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

For further information concerning this matter, please call:

Chrisner Ernew  
Name of Person

at (407) 314-9263  
Area Code Daytime Telephone Number

*money previously mailed*

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 type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

CHERNEILS TRUCKING, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/5/2016 and assigned Florida document number L16000220208.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

NA

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

11111  
11111  
11111  
11111  
11111

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

33333  
33333  
33333  
33333  
33333

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_  
Enter Florida street address

\_\_\_\_\_ **Florida** \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_

**New Registered Agent's Signature, if 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>	<u>Address</u>	<u>Type of Action</u>
RA	Chrisner Ernestus	5316 Millenia Blvd	<input checked="" type="checkbox"/> Add
		APT 10415 Orlando, FL 32829	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

17 May - 3 PM 6:30

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(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 \_\_\_\_\_, \_\_\_\_\_

John H. Tipton  
Signature of a member or authorized representative of a member

Registered agent \_\_\_\_\_  
Typed or printed name of signee