

L18000219605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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09/29/20--01017--005 **50.00

SEP 29 PM 12:50

SEP 29 PM 12:26

O. SIMMONS

SEP 29 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHASE TRUCKING & LOGISTICS 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:

SCHEAVELLA CORLEY

Name of Person

OWNER

Firm/Company

218 EAST BEARSS AVE STE 326

Address

TAMPA FLORIDA 33613

City/State and Zip Code

info@chasetruckingandlogistics.com

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

For further information concerning this matter, please call:

SCHEAVELLA CORLEY

813 702-1700

at ()

Name of Person

Area Code

Daytime Telephone Number

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 checked="" type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|---|

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RIVERS MANAGEMENT CORP LLC

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

2020 SEP 29 PM 12:50

The Articles of Organization for this Limited Liability Company were filed on 08/06/2020 and assigned
Florida document number L18000212605.

This amendment is submitted to amend the following:

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

CHASE TRUCKING & LOGISTICS llc

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)

218 EAST BEARSS AVE

STE 326

TAMPA, FLORIDA 33613

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

218 EAST BEARSS AVE

STE 326

TAMPA, FLORIDA 33613

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:

SCHEAVELLA CORLEY

New Registered Office Address:

218 EAST BEARSS AVE STE 326

Enter Florida street address

TAMPA

City

Florida 33613

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

2003 SEP 29 PM 12:50

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	SCHEAVELLA CORLEY	218 EAST BEARSS AVE	<input type="checkbox"/> Add
		STE 326	<input checked="" type="checkbox"/> Remove
		TAMA , FLORIDA 33613	<input type="checkbox"/> Change
MBR	SCHEAVELLA COREY	218 EAST BEARSS AVE	<input checked="" type="checkbox"/> Add
		STE 326	<input type="checkbox"/> Remove
		TAMPA , FLORIDA 33613	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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.)*

2018:29 PM12:50

E. Effective date, if other than the date of filing: 06/01/2020 **(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 09-29 2020



Signature of a member or authorized representative of a member

SCHEAVELLA CORLEY

Typed or printed name of signee