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COVER LETTER

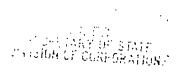
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CHILLEY		TRANSPORT AND CHROME	EPOLISH LLC	
SUBJEC	,I:	Name of Lim	ited Liability Company	
The encl	Name of Limited Liability Company sed Articles of Amendment and feets) are submitted for filing. articles of Amendment and feets) are submitted for filing. In all correspondence concerning this matter to the following: NELSON GEIGEL RIVERA			
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		NELSON GEIGEL RIVER	RA	
			Name of Person	
		NEGRO'S TRANSPORT.	Name of Limited Liability Company and fee(s) are submitted for filing. ning this matter to the following: GEIGEL RIVERA Name of Person TRANSPORT AND CHROME POLISH LLC Firm/Company DNWAY RD, APT 319 Address O. FL 32812 City/State and Zip Code IARZON1984@GMAIL.COM E-mail address: Ito be used for future annual report notification) matter, please call: at (
			Firm/Company	
		2440 S CONWAY RD, AI	PT 319	
			Address	
		ORLANDO, FL 32812		
		-	City/State and Zip Code	
		E-mail address; t	to be used for future annual report noti	fication)
For furth	ner information c	oncerning this matter, please c	all:	
NELSO	N GEIGEL RIV	ERA	407 785-0144	
	Name o	f Person	at () Area Code Daytim	re Telephone Number
Enclosed	l is a check for the	he following amount:		
■ \$25.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Address	·c·	Street Address	
				etion
	Division of C			
	P.O. Box 632	27	The Centre of T	LaHahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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



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NEGRO'S TRANSPORT AND CHROME POLISH 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 C Florida document number L21000028493		and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	RESS)	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	·····	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter t</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida Zip Code

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 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 FILED TOTAL OF STATE TOTAL OF STATE

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<u>Title</u>	Name	Address	Type of Action
MGR	HECTOR SIGFREDO LEVIS	5085 KELLCHRIS LN	= Add
		ST CLOUD. FL 34771	
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Iffective date, if other than the	data of filings		_ (optional)	
f an effective date is listed, the date must be a self-cut of the date inserted in this black document's effective date on the D	t be specific and cannot be prior to ook does not meet the applicable	date of filing or more than 90 c e statutory filing requirem	days after filing.) Pursuant to 605	.0207 (3)(b) ed as the
record specifies a delayed effectiv d is filed.	e date, but not an effective time	e, at 12:01 a.m. on the earli	er of: (b) The 90th day after	r the
MARCH I	2021			
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Filing Fee: \$25.00