

1210000 28493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

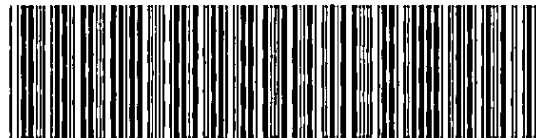
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEGRO'S TRANSPORT AND CHROME POLISH, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

NELSON GEIGEL RIVERA

Name of Person

NEGRO'S TRANSPORT AND CHROME POLISH LLC

Firm Company

2240 S CONWAY RD STE 319

Address

ORLANDO, FL 32812

City/State and Zip Code

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

For further information concerning this matter, please call:

NELSON GEIGEL RIVERA 407 785-0144
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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) |
|--|--|--|--|

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

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>
AMBR	NELSON GEIGEL RIVERA	2440 S CONWAY RD STE 319	<input type="checkbox"/> Add
		ORLANDO, FL 32812	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	HECTOR S LEVIS	5085 KELLCHRIS LN	<input checked="" type="checkbox"/> Add
		SAINT CLOUD, FL 34771	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

01/12/2021

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.

Dated AUGUST 18 2021

Nken Heigel
Signature of a member

Signature of a member or authorized representative of a member

NELSON GEIGEL RIVERA

Typed or printed name of signee

Filing Fee: \$25.00