L21000205487

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SECRETARY OF STATE

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COVER LETTER

	gistration Sec ision of Corp			
CHANTER		ERVICE TRANSPORD LLC		
SUBJECT:		Name of Lim	ited Liability Company	
		•		
The enclose	d Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please returi	all correspo	ndence concerning this matter	to the following:	
		JAVIEL DIAZ		
			Name of Person	
			Firm/Company	
		5670 SW 149 AVE		
			Address	
		MIAMI, FL 33193		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report not	fication)
For further i	nformation co	oncerning this matter, please o	all:	
JAVIEL DI.	AZ		786 212-8139	
	Name of	Person		e Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00 l	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

ARROW SERVICE TRANSPORD LLC

2021 OCT 12 AM 8: 58

(Name of the Limited Liability Company as it now appears on our recoffs.) TARY OF STATE

(A Florida Limited Liability Company)

TALLARASSEE FI TALLAHASSEF, FL The Articles of Organization for this Limited Liability Company were filed on 05/03/2021 __ and assigned Florida document number L21000205487 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 City 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>	Address	Type of Action
MGR	JAVIEL DIAZ	5670 SW 149 AVE	⊟ Add
		MIAMI, FL 33193	□Remove
			□Change
MGR	YULISMARY RODRIGUEZ	5670 SW 149 AVE	■Add
		MIAMI, FL 33193	□Remove
			□Change
AMBR	DISNIEL DIAZ	5670 SW 149 AVE	□ Add
		MIAMI, FL 33193	□Remove
			□Add
			□Remove
			□Change
·····			□Add
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