## 121000370240

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## **COVER LETTER**

TO:

	egistration Se ivision of Cor			
elibir <i>c</i> yr		y Transport, LLC		
SUBJECT	:	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	m all correspo	ndence concerning this matter	to the following:	
		Ange Junior Jean Baptiste		
			Name of Person	<del></del>
			Firm/Company	
		6639 NW 174th Ln		
			Address	
		Hialeah, FL 33015		
			City/State and Zip Code	
		tchopewaytransport@gmail	i.com to be used for future annual repo	ort notification)
For further	information c	oncerning this matter, please c		·
Ange Juni	or Jean Baptis	te	954 632-66	<u> </u>
	Name o	f Person	Area Code I	Daytime Telephone Number
Enclosed is	s a check for th	ne following amount:		
■ \$25.00	) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	lailing Addres	<del>_</del>	Street Addr Registratio	
Registration Section Division of Corporations		Division o	f Corporations	
	.O. Box 632			e of Tallahassee
Т	allahassee, l	FL 32314	2415 N. M	Ionroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tchope Way Transport, LLC		
(Name of the Limi	ted Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited L. Florida document number <u>L21000370240</u>	iability Company were filed on August 18,	2001 and assigned
Florida document number	<del></del> -	
This amendment is submitted to amend the fol-	lowing:	
A. If amending name, enter the new name of	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 appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
	- <del></del>	
		7
Enter new mailing address, if applicable:		نا
(Mailing address MAY BE A POST OFFICE BOX)		P. 27
		5
B. If amending the registered agent and/or agent and/or the new registered office addresses		enter the name of the new registere
Name of New Registered Agent:	Ange Junior Jean Baptiste	
New Registered Office Address:		
	Enter Florida street	address
		, Florida
	Ciţv	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.

Gras Junion Jean English

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Ricardo Jean Baptiste	6639 NW 174th Ln	(□Add
		Hialeah, FL 33015	■Remove
			□Change
MGR	Ange Junior Jean Baptiste	6639 NW 174th Ln	<b>=</b> Add
		Hialeah, FL 33015	Remove
			□ Change
			□Add
			□Remove
			Change
			□ Add
			□ Remove
			☐ Change
	<del> </del>		□Add
			□Remove
			Change
		<del>-</del>	
			□Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ive date, if other than the date of filing:
the recor cord is fi	d 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 led.
Dated	C.11-telser. 16. 2021.
	Signature of a member or authorized representative of a member
	Picardo Jean Bartiste  Typed or printed name of signee

· · ·

Filing Fee: \$25.00