

L21 000 448 725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amendment

Office Use Only



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11/05/21--01012--022 **30.00

11/15/21
T.A.S.

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LABORATORY

2021 NOV -5 AM 10:18

FILED

October 31, 2021

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Amendment Articles of Organization: Chop Time Transport, LLC

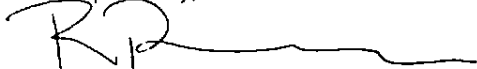
Dear Sir or Madam:

Please find enclosed check # 536 in the amount of \$30.00 for Filing Fee & Certificate of Status toward the Amendment of Articles of Organization for Chop Time Transport, LLC. (# L2100044875). The original date of filing is October 14, 2021. The address on record is: 10 Saint Andrews Court, Kissimmee, FL 34759.

I made an error and omission with the initial filings from AMBR to MGR for myself, Ramiro Rivera. I am adding Margarita Ambra-Perez, under title MGR.

Should you require further information, please contact me at (813) 724 2333.

Respectfully,


Ramiro Rivera
Chop Time Transport, LLC

cc:/ Margarita Ambra-Perez

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Chop Time Transport, 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:

Ramiro Rivera

Name of Person

Chop Time Transport, LLC

Firm/Company

10 Saint Andrews Court

Address

Kissimmee, FL 34759

City/State and Zip Code

choptimettransport@gmail.com

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

For further information concerning this matter, please call:

Margarita Ambra-Perez

321 278 4393
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(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

2021 NOV - 5 AM 10:19
RECEIVED
TALLAHASSEE, FL 32303

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

Chop Time Transport 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 Company were filed on October 14, 2021 and assigned
Florida document number L21000448725.

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

Florida

City

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ramiro Rivera	10 Saint Andrews Court	<input type="checkbox"/> Add
		Kissimme, FL 34759	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Margarita Ambra-Perez	400 Madeira Avenue	<input checked="" type="checkbox"/> Add
		Orlando, FL 32825	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2021 NOV -5 AM 10:10
RECEIVED
FBI
ALBANY, NY

2021 NOV -5 AM 10:18
SECURITY
FBI

(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)

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 October 31 2021

[Handwritten signature]

Signature of a member or authorized representative of a member

Ramiro Rivera

Typed or printed name of signee

Filing Fee: \$25.00