## L22000052158

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Office Use Only



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T. MATTHEWS

JUN 20 2022

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## **COVER LETTER**

TO: Registration Se Division of Cor		,	
CHAIN BID CAN	Transport LLC		
SUBJECT:	Name of Limi	ted Liability Company	
	Amendment and fee(s) are sub-		
Please return all correspondence	ondence concerning this matter t	to the following:	
	Julioo Peraza		
		Name of Person	
	Julio Peraza Transport, LLO	C	
		Firm/Company	
	7821 Golf Paradise Way		
		Address	
	Clermont, FL 34711		
		City/State and Zip Code	
	taxesdk@gmail.com E-mail address: #1	o be used for future annual report notific	ration)
For further information c	oncerning this matter, please ea		<b>,</b>
Denise Kalman		352 255-7545	
Name o	f Person		Felephone Number
Enclosed is a check for the	he 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)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Sect	ion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 

GANIZATION FILED
SECRETARY OF STATE
OIVISION OF CORPORATIONS

Julio Peraza Transport LLC

22 APR 29 PH 3: 03

(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 Liabilit		and assigned
Florida document number L22000052158	<del></del> ·	
This amendment is submitted to amend the following	ā:	
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	t "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET AL	ODRESS)	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		
	_	
B. If amending the registered agent and/or regist agent and/or the new registered office address her		enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address:  Enter Florida street address		address
<u>-</u>		, Florida Zip Code
	·	Zip Code
New Registered Agent's Signature, if changing Regist	<del> </del>	
hereby accept the appointment as registered agressions of all statutes relative to the proper an ecept the obligations of my position as registere sing filed to merely reflect a change in the regis empany has been notified in writing of this change.	nd complete performance of my dut ed agent as provided for in Chapter stered office address. I hereby confi	ies, and I am familiar with and 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

in 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	Julio C Peraza	7821 Golf Paradise Way	□Add
		Clermont, FL 34711	□Remove
			€ Change
		<del> </del>	🗀 Add
			□Remove
			☐Change
		□Add	
			□Remove
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			□Remove

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April 12, 2022	ler the
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Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	
Julio C Peraza	