From: Trucking Permits And More LLC



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000130996 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRUCKING PERMITS AND MORE LLC

Account Number : I20140000047 Phone : (813)774-4726 : (813)877-2186 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Rmail	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHAPITO TRANSPORT LLC

Certificate of Status Certified Copy 04 Page Count \$25.00 Estimated Charge

			COVER LET	TER		
TO: Re	gistration Se vision of Cor	ction porations		μ	.	4 ,
SUBJECT:	CHAPITO	TRANSPORTILE		F4	**	
		Name of Lir	nited Liability Compar	ıy		
The enclose	d Articles of a	Amendment and fec(s) are sul	omitted for filing.			
		ndence concerning this matter				
		JOSE R OLIVA			F + +	
			Name of Perso	n i		<u></u>
		Chapito transport	LLC			
			Firm/Company	y :		_
		14503 SUTTER PL		1		
			Address			-
TAMPA, FL 33625						
			City/State and Zip (Code		_
		adalispelacz.06@gmail.com	n to be used for future as		 	
For further in	iformation co	neerning this matter, please c		andar report not	(incation)	
JOSE R OL		Ç, , ,	813	4091581		
	Name of	Person	at (at Code)	r Telephone Numbe	<u>;</u> ;
Enclosed is a	check for the	following amount:		İ		
\$ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Certified Cop (additional copy	y !	Certified	te of Status &
Reg Div P.O	ling Address: sistration Se ision of Co . Box 6327 ahassee, FI	ection pporations	Reg Div The 241	et Address: istration Servision of Cor Centre of T 5 N. Monro ahassee, FL	porations allahassee Street, Suite 8	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHAPITO TRANSPORT LLC				
(Name of the Lim	ited Liability Comp	any as it now appear Liability Company)	100 pur records,)	
	(A Florida Limited	Liability Company)		
The Articles of Organization for this Limited I	Liability Company	were filed on 01/	31/2022	and assigned
Florida document number L22000052187				
This amendment is submitted to amend the fol-	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company he	re:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de	signation "LLC" or s	the abbreviation "L.L.C."
Enter new principal offices address, if appli-		14503 SUTTER	ł	
(Principal office address MUST BE A STREE		TAMPA, FL 330	625	
Enter new mailing address, if applicable:		14503 SUTTER	PL	
(Mailing address MAY BE A POST OFFICE	ROY	TAMPA, FL 336	625	
	1,0,10			
Name of New Registered Agent:	JOSE R OLIV	۸		
New Registered Office Address:	14503 SUTTEI	R PL.		
		Enter Floria	da street address	•
	TAMPA	1	Florida	33625
		City		Up Code
New Registered Agent's Signature, if changing	Registered Agent;	-		
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as registere accept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as pregistered office change.	performance of n provided for in Cl	ny duties, and I i hapter 605, F.S. v confirm that the	un familiar with and Or, if this document is e limited liability

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Page: 5 of 6

If amending or removed	g Authorized Person(s) authorized to t I from our records;	nanage, enter the title, name, and ado	iress of each person being added
MGR = MAMBR = A	Janager Authorized Mcmher		
Title	<u>Name</u>	Address	Type of Action
AMBR	JOSE R OLIVA	14503 SUTTER PL	■Add
		TAMPA, FL 33625	□ Remove
			Change
			□Add
			□Renюve
			EiChange
			⊃Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			DAdJ
			LiRemove
			© Change
			□Add
			□Remove
			Change

To: +18506176383

D. If amending any other information, enter change(s) here: (Attach additional content of the co	ona	l sheets, if necessary.)
		-
	<u> </u>	
	<u> </u> 	
E. Effective date, if other than the date of filling: (If an effective date is listed, the date must be specific and cannot be prior to date of filling or a Note: If the date inserted in this block does not meet the applicable statutory filling the date inserted in this block does not meet the applicable statutory filling.	nore	(optional) than 90 days after filing.) Pursuant to 605.0207 (3)(b) duirements, this date will not be listed as the
document's effective date on the Department of State's records.		
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. record is filed.	on:	he earlier of: (b) The 90th day after the
Dated		
atal		
Signature of a member or authorized representative	oli	nember
Typed or printed name of signice	-	
Filing Fee: \$25.00))	