L22000052759

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: "Registration Se Division of Cor			
SUBJECT:	WEALTHY ELEC	PHants LLC	
(-	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ebens	DIE Wells Name of Person	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	WEALTHY	And ElePharts LLC Firm/Company BTH Ave Apt 102 Address Address	
	406 N.W 68TI	+ Ave Apt 102	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Plantation	•	2: 23
		City/State and Zip Code	incation)
For further information c	oncerning this matter, please c	ill:	
EVENS DO Name o	TE WELLS f Person	at (<u>561</u>) <u>860 - 5</u> Area Code Daytin	5595 / 954- 8040729 ne Telephote Number
Enclosed is a check for the	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations 27	Registration Se Division of Co The Centre of	rporations Fallahassee
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company	2Hants LLC
(Name of the Limited Liability Company of (A Florida Limited Liab	is it now appears on our records.)
The Articles of Organization for this Limited Liability Company we	re filed on 01/31/2022 and assigned
Florida document number <u>L220000 52759</u> .	, ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
CHAPOBA FREIGHT & MORE LLC	
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:	2023 Teo.
(Principal office address MUST BE A STREET ADDRESS)	
	-
Enter new mailing address, if applicable:	25 2
(Mailing address MAY BE A POST OFFICE BOX)	27 23
_	
B. If amending the registered agent and/or registered office add	none on our records and the reason of the
agent and/or the new registered office address here:	ress on our records, enter the name of the new registe
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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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