## 122000125545

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<del> </del>
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE

O SIMMONS
APR 1 8 2022

## **COVER LETTER**

Registration Section Division of Corporations

TO:

Fee, f Status & py y is enclosed)
f p

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO FILED ARTICLES OF ORGANIZATION OF 2022 APR -4 AM 6: 51

CHILTON TRANSPORT LLC

SECRETARY OF STATE

If Changing Registered Agent, Signature of New Registered Agent

(Name of the Limited Liability Company as it now appears on our records) SEE, FL
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab	oility Company w	ere filed on $\frac{03/14}{1}$	1/2022	and assigned
Florida document number L22000125545	·			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabili	ty company here	<u>:</u> :	
The new name must be distinguishable and contain the wor	ds "Limited Liability	y Company," the desi	ignation "LLC" o	r the abbreviation "L.L,C."
Enter new principal offices address, if applicab	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:	<b>~</b>	<del></del> -		
(Mailing address MAY BE A POST OFFICE BO	<u>0x)</u>			
B. If amending the registered agent and/or regagent and/or the new registered office address		dress on our rec	ords, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Floride	a street address	
			, Flori	daZip Code
		City		Zip Code
New Registered Agent's Signature, if changing Re-	<del></del>			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the recompany has been notified in writing of this ch	and complete pared agent as progestions of the complete pared office and control of the complete pared of the	erformance of m ovided for in Ch	v duties, and apter 605, F	I am familiar with and S. Or, if this document is

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>	Address	Type of Action
MGR	ANTOINE, PETER C	5008 MILLENIA BLVD APT 204	<b>=</b> Add
		ORLANDO FL. 32839	□Remove
			□Change
			DAdd
			□ Remove
			□ Change
<del></del>			□Add
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			□Change

OFFICER ONLY. HE NEED	S TO BE THE REGISTER PERSON AS WELL AS MANAGER OF THE BUSINES
<del></del>	
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ote: If the date inserted in this blo	t be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 ock does not meet the applicable statutory filing requirements, this date will not be listed
ocument's effective date on the De	epartment of State's records.
record specifies a delayed effective is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
, MARCH 31ST	2022
ated	
ated MARCH 3131	1.1

E''' E 635.00