## 122000131142

| (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: |
|   |
|   |
|   |
|   |

Office Use Only



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22 APR 25 AMID: 06

T. MATTHEWS
JUN 14 2022

Date: 04202022

Dear Sir or Ma'am:

Daytime Contact = Daniel Dawn

Daytime Phone = 651-269-2865

Attached is the amendment PDF file. We are amending Authorized Person(s) authorized to manage; we entered the title, name, and address of each person being added to your records.

When we filed, we had computer problems and these fields show up blank when we looked online. We also refiled, to correct the errors, but that refile was rejected. We called and found out that we needed to fill out this amendment form.

Thank you;

Daniel Dawn 651-269-2865

Gerald Chevre 651-508-5650

## **COVER LETTER**

TO:

Registration Section

| Division of                               | Corporations                                  |   |   |
|---|---|---|---|
|   | RE'S PICKUP EXPRESS LLC                       |   |   |
| SUBJECT:                                  | Name of Lir                                   | nited Liability Company   |   |
| (m) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 60  | hadaa kaa ahaa  |   |
| The enclosed Article                      | es of Amendment and fee(s) are su             | omitted for thing.  |   |
| Please return all corr                    | respondence concerning this matte             | r to the following:   |   |
|   | Daniel W. Dawn and Ger                        | ald A. Chevre   |   |
|   | <del></del>                                   | Name of Person  | <del></del>   |
|   | CHEVRE'S PICKUP EX                            | PRESS LLC   |   |
|   |   | Firm/Company  |   |
|   | 48 Abaco Street                               |   |   |
|   |   | Address   |   |
|   | Lehigh Acres, FL 33936                        |   |   |
|   |   | City/State and Zip Code   |   |
|   | danfbx@yahoo.com                              | (to be used for future annual report n                              | tifiantion\   |
| For further informat                      | ion concerning this matter, please            | ·   | indireacon;   |
| Daniel W. Dawn                            |   | 651 269-2865  |   |
| N:  | ame of Person                                 | Area Code Day   | time Telephone Number   |
|   |   |   |   |
|   | for the following amount:                     |   |   |
| □ \$25,00 Filing F                        | ee \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|   |   |   |   |
| <u>Mailing Ac</u><br>Registrat            | ddress:<br>ion Section                        | <u>Street Address:</u><br>Registration :                            |   |
| •   | of Corporations                               | Division of C   |   |
| P.O. Box                                  |   | The Centre o  | •   |
| Tallahass                                 | sec, FL 32314                                 | 2415 N. Mon   | roe Street, Suite 810   |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

22 APR 25 AM 10: 06

| CHEVRE'S PICKUP EXPRESS LLC  |  |                                  |
|--|--|----------------------------------|
| ( <u>Name of the Limited Liability C</u><br>(A Florida Lin   | ompany as it now appears on our reconited Liability Company) | ords.)                           |
| The Articles of Organization for this Limited Liability Comp<br>Florida document number 1.22000131142          | pany were filed on 03/16/2022                                | and assigned                     |
| 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 I  | Liability Company," the designation "Li                      | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |  |                                  |
| (Principal office address MUST BE A STREET ADDRES.   | <u>s)</u>  |                                  |
|  |  |                                  |
| Entar now mailing address if and back is   |  |                                  |
| Enter new mailing address, if applicable:  |  |                                  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |                                  |
|  | <del></del>  |                                  |
| B. If amending the registered agent and/or registered off agent and/or the new registered office address here: | fice address on our records, <u>ente</u>                     | er the name of the new registe   |
| Name of New Registered Agent:  |  |                                  |
| New Registered Office Address:   |  |                                  |
|  | Enter Florida street addr                                    | EW                               |
|  | , F  | FloridaZip Code                  |
|  | City   | Zip Code                         |

## New Registered Agent's Signature, if changing Registered Agent:

CHEVERS DICKLID EVENTER LLC

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, 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          | Daniel W. Dawn                        | Dawn 48 Abaco St.      |                |
|              |                                       | Lehigh Acres, FL 33936 | □Remove        |
|              |                                       |                        | □Change        |
| MGR          | Gerald A. Chevre                      | 48 Abaco St.           | <b>=</b> Add   |
|              |                                       | Lehigh Acres, FL 33936 | □Remove        |
|              |                                       |                        | Change         |
|              |                                       |                        | □Add           |
|              |                                       |                        | □Remove        |
|              |                                       |                        | Change         |
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|              |                                       |                        | □Remove        |
|              |                                       |                        | E.C.           |

| Federal EIN = 88-1331588   |                     |                 |                  |                  |                                    |                    |     |
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| ffective date, if other than the   | be specific and can | not be prior to | date of filing o | r more than 90 d | _ (optional)<br>ays after filing.) | Pursuant to 605,02 | 207 |
| <b>Sote:</b> If the date inserted in this blocument's effective date on the De |                     |                 | ole statutory fi | ling requireme   | ents, this date v                  | vill not be listed | as  |
| record specifies a delayed effectiv<br>f is filed.                             | date, but not an    | effective tim   | ie, at 12:01 a.i | n, on the earli  | er of: (b) The                     | 90th day after th  | ne  |
|  | 2                   | 022             |                  |                  |                                    |                    |     |
| Pated April 20   |                     |                 | - ·              |                  |                                    |                    |     |
| ( ) -  | IW.                 | 0-              | 7                |                  |                                    |                    |     |
| L/ Centra  | V UI                | X / / / / /     | (11)             |                  |                                    |                    |     |