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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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(D	ocument Number)	
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Special Instructions to Filing Officer:		
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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

TICHAPO SUBJECT:	LOGISTIC L.L.C		
30BJEC1.	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:	
	Bilivena Alphonse		
		Name of Person	
	TICHAPO LOGISTIC L.L	C	
		Firm/Company	
	406 NORTHWEST 68TH	AVENUE, 311	
		Address	
	PLANTATION, FL 33317		
		City/State and Zip Code	-
	Balphonsee@gmail.com		
	E-mail address: (to be used for future annual report noti-	fication)
For further information c	oncerning this matter, please c	all:	
Bilivena Alphonse		707 363-7958 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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)
Mailing Addres		Street Address:	
Registration Section Division of Corporations		Registration Sec Division of Cor	
P.O. Box 6327		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED TICHAPO LOGISTIC L.L.C (Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company) : 04/06/2023 04/23/2024; ... and assigned The Articles of Organization for this Limited Liability Company were filed on L22000212755 Florida document number 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 Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida __

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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
M Bilivena Alphonse	Bilivena Alphonse	406 NW 68TH AVEAPT 311 PLANTATION, FL 3.	
		406 NW 68TH AVEAPT 223 PLANTATION, FL 3	
			□Change
		 	□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
		 	□Change
			🗆 Add
			□Remove
		□Change	
			🗆 Add
			□Remove
			□Change

However, the correct nar	ne is simply BILIVENA ALPHONSE, with no middle name or additional elements.
I WISH TO BE REMO	VED FROM THIS BUSINESS AS I NEVER AGREED TO BE A PART OF IT.
PLEASE AND THANK	YOU.
-	
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Note: If the date inserted in th	the date of filing: (optional) e must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(is block does not meet the applicable statutory filing requirements, this date will not be listed as the he Department of State's records.
f the record specifies a delayed effector is filed.	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2024
	the Committee of the Co
	Signature of a member or authorized representative of a member
Bilivena Alphonse	3.6
	Typed or printed name of signee

Filing Foo: \$25.00