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- (Ad	dress)	
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A. BUTLER NOV 2 4 2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CUICO: AMU transporting Bals 11c Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dese Luis De toques Name of Person
Sose Luis DC topuse Firm/Company
6485 W 27 AVE bilds 42-23 Address
Fine Deceding 3 & Value Code E-mail address: (to be used for future annual report notification)
Fine Deed 5 3 & Vahou . Cerus E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sust Luis De Former at (305) 898-4450 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Chiqui AM (Name of the Limit	ed Liability Comba (A Florida Limited L	ox ting Bus (L. ny as it now appears on our recordiability Company)	2022 AUG 29 AM 8: 16
The Articles of Organization for this Limited Li	ability Company	were filed on <u>08 /09/</u>	2022 and assigned
Florida document number <u> </u>			
This amendment is submitted to amend the folk	owing:		
A. If amending name, enter the new name of	the limited liabi	lity company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company." the designation "Ll	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	6485 W 27 A	UE blds 42-23
(Principal office address MUST BE A STREE	T ADDRESS)	HIRLEAD FL 3	UE blds 42-23 33016
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/or ragent and/or the new registered office address	_	ddress on our records, <u>entc</u>	er the name of the new registered
Name of New Registered Agent:			<u> </u>
New Registered Office Address:	6485 W	27 AVE bldg Enter Florida street addr	42-23 ess Florida 33016 Zip Code
	HiAlast	O FC	Florida 33016

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.

1

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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
		 	Remove
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			□Add
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			□Remove
			□Change

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Note:	tive date, if other than the date of filing: 08/09/22 (optional) Rective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
he reco ord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	08-17-22
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Signature of a member or authorized representative of a member Signature of a member of a member of a member Typed or printed name of signee

Filing Fee: \$25.00