L22 000 398 422

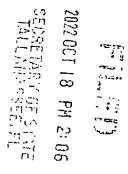
(Red	questor's Name)	
(Àdo	dress)	
(Àdo	dress)	
(City	//State/Zip/Phone	· #)
PICK-UP	MAIT WAIT	MAIL
(Bus	siness Entity Nam	ne)
(2.1.)	,	,
/Day	oumant Number	
(LOC	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F		
	•	
<u> </u>		





900395880599

10/18/22--01015--009 **25.00



COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations			
CHDIFCT.	Windy City	Trucking LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	d Anticles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	endence concerning this matter	to the following:		
		Benita Coriano			
			Name of Person		_
		PaperWork Etc LLC			
			Firm/Company		_
		686 Royalty Ct			7022 SE
			Address	-	
		Kissimmee FL 34758			SECRETARY OF S
			City/State and Zip Code		PAR PAR
		paperwrketclle@gmail.com			14.33 17.15
For further is	nformation c	e-mail address: (to be used for future annual repo	ort notification)	門
Benita Coria			407 780-53	207	
	Name o	f Person	Area Code I	Daytime Telephone Number	
Enclosed is	a check for th	ne following amount:			
■ \$25.00 I	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy tadditional copy is enclose	d) Certified	ate of Status &
	iling Addres		Street Addr Pagistratic		
	gistration S vision of C	Section Corporations	Registration Division o	on Section of Corporations	
). Box 632	•		e of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Windy City Trucking LLC		
(Name of the Lim	nited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) 19)
The Articles of Organization for this Limited Florida document number L22000398422	Liability Company were filed on	09/12/2022 and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company	y here:
The new name must be distinguishable and contain the	words "Limited Liability Company." t	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	二十二
Enter new mailing address, if applicable:		P III
(Mailing address MAY BE A POST OFFICE		The part of
INMINING MALITESS IN AT BE A POST OFFICE		
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on ou ess here:	r records, enter the name of the new registered
Name of New Registered Agent:	PaperWork Etc LLC/Benita C	oriano
New Registered Office Address:	600 N Thacker Ave Suite B9	
	Enter	Florida street address
	Kissimmee	, Florida ³⁴⁷⁴¹
	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	

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 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
MGR	John Guevara	33078 Major Oak Dr, Wesley Chappel FL 33545	= Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change SECRE
		\ :	Remove.
			Chinge Chinge Ching
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change

						·	_
							_ _
					-		
							
						. =	
		<u>. </u>					2
						TN ECG	12 O
							ET.
							-
						<u> </u>	P#
						1710	3
				+		- : <u>-</u> :-	<u>_0</u>
							
							
		<u>-</u>	<u> </u>				
ffective date, if other than the an effective date is listed, the date mus	be specific and ca	nnot be prior	to date of filing			ing.) Pursuant to	
<u>fote:</u> If the date inserted in this blocument's effective date on the Delication				filing require	ments, this da	ate will not be	listed as
record specifies a delayed effectiv I is filed.	e date, but not an	effective ti	ime, at 12:01	a.m. on the ca	rlier of: (b)	The 90th day	after the
ated		2022					
rated	John	M	 []	,			
	Claha	9///	KlupV	ura			

Filing Fee: \$25.00

Typed or printed name of signee