

## 123000124997

(Re	equestor's Name	)
(Ad	ldress)	
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(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
(0-	N	
(00	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900437400849

10/02/24--01013--020 \*\*25.00

## **COVER LETTER**

TO: Registration Se Division of Cor			
CONTRACTOR AND CONTRA	. TRANSPORT LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ANGEL E HURTADO		
		Name of Person	<del></del>
		Firm/Company	
	27000 SW 142ND AVE		
		Address	
	HOMESTEAD, FLORIDA	A 33032	
		City/State and Zip Code	<del></del> -
	ANGEDU5@GMAIL.CON	VI (to be used for future annual report noti	tication)
For further information co	oncerning this matter, please c		
ANGEL E. HURTADO		863 488-6477 at ()	
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration Sec	etion
Division of Co		Division of Cor	
P.O. Box 632	7	The Centre of T	allahassee
Tallahassee F	T 32314	2415 N. Monro	e Street Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

and assigned and assigned n "LLC" or the abbreviation "L.L.C."
n "LLC" or the abbreviation "L.L.C."
: :
·
Č -
enter the name of the new regis
address
CICRO CSS
, Florida Zip Code

## 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
AMBR	PABLO F. CABRERA PEREZ	27000 SW 142ND AVE	<b>=</b> Add
	<del> </del>	HOMESTEAD, FL 33032	□Remove
			☐ Change
			□Remove
			□ Change
			□Add
			□Remove
			□Change
	-	□Add	
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			Change
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			□Change

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Filing Fee: \$25.00

Typed or printed name of signee