

L23000151120

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(Address)

(Address)

(City/State/Zip/Phone #)

☐

(Business Entity Name)

(Document Number)

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2023 MAY -1 AM 8:52  
TALLAHASSEE, FL

4/17/2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CHICHIGUACO Transport, LLC  
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:

BERONICA JORGE GAMBOA  
Name of Person

CHI CHIGUACO Transport, LLC  
Firm/Company

421 NW 116 St  
Address

MIAMI, FLORIDA 33168  
City/State and Zip Code

Bero-Jorge@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beronica Jorge at (305) 200-7402  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

CHICHIGUACO TRANSPORT, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED

APR 8: 52

The Articles of Organization for this Limited Liability Company were filed on 3/24/2023 and assigned

Florida document number L23000151120

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 "L.L.C."

**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:

BERONICA TORGE GAMBOA

New Registered Office Address:

421 NW 116 ST

Enter Florida street address

Miami

City

Florida

33168

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>	<u>Address</u>	<u>Type of Action</u>
<u>RA</u>	<u>Jorge Montero</u>	<u>421 NW 116 St</u>	<input type="checkbox"/> Add
		<u>Miami, Florida 33168</u>	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>MGR</u>	<u>Jorge Montero</u>	<u>421 NW 116 St</u>	<input type="checkbox"/> Add
		<u>Miami, Florida 33168</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Jorge Montero</u>	<u>421 NW 116 St</u>	<input type="checkbox"/> Add
		<u>Miami, Florida 33168</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective 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 (3)(b)

If the record 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 record is filed.

4/25/2023



Signature of a member or authorized representative of a member

BEKONICA Sorge Gamban

Typed or printed name of signee