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COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

	Registration Se Division of Cor						
CHD IEA		owing and Transport LLC					
SUBJECT: Name of Limited Liability Company							
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	turn all correspo	ndence concerning this matter	to the following:				
		Jonathan () Caban Paredes					
	Name of Person						
	Firm/Company						
11684 127th ave							
Address							
		Largo FL 33778					
City/State and Zip Code							
		cabanp.jonathan@gmail.co					
			to be used for future annual report noti	fication)			
For furth	ner information c	oncerning this matter, please c	all:				
Jonathar	n O Caban Parede	es	787 507-1084				
	Name o	f Person	Area Code Daytin	e Telephone Number			
Enclosed	d is a check for th	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 Registration S		<u>Street Address:</u> Registration Se	ction			
Division of Corporations		Division of Cor					

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Popeye's Towing and Transport LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on July 18, 2023	and assigned
lorida document number L23000338998	 ·	
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limit	ted liability company here:	
he new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		······································
Principal office address MUST BE A STREET ADDR	ESS)	·- · · · · · · · · · · · · · · · · · ·
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records, enter th	e name of the new registe
Name of New Registered Agent:	· · ·	
New Registered Office Address:		
	Enter Florida street address	
	- Flori	ida
	, Flori	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 femoved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	Jonathan O Caban Paredes	11684 127th ave Largo FL 33778	= Add
			⊟Remove
			[]Change
AP	Carla M Figueroa		□Add
			■Remove
			☐ Change
			□Add
			□Remove
			□Change
			
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			Ci Chunge

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Removing Carla Figueroa as the AP and add Jonathan O Caban Paredes as the sole authorize person (optional) E. Effective date, if other than the date of filing: (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. Dated September 19 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee

Jonathan O Caban Paredes