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COVER LETTER

TO: Registration Section **Division of Corporations**

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CHRISTIAN HERNAND	EZ BARAJAS	
	 	Name of Person	
	CHER TRUCKING LLC		
		Firm/Company	
	7950 NORTHWEST 53F	RD STREET STE 337	
	 	Address	
	MIAMI, FL, 33166		
		City/State and Zip Code	
	christian@thechergroup.c		
	E-mail address: (to be used for future annual report notifi	cation)
For further information o	concerning this matter, please c	all:	
christian@thechergrou	ıp.com	702 326-3514	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & 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

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 11/06/2024

NAME:

CHER TRUCKING LLC

TYPE OF FILING: AMENDMNET

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

*TO: Registration Section Division of Corporations

Tallahassee, FL 32314

CHER TRI	UCKING LLC		
SUBJECT.	Name of Lin	nited Liability Company	
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Please return all correspo	ondence concerning this matter	to the following:	
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		Name of Person	
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	•	Address	
	MIAMI, FL, 33166		
		City/State and Zip Code	
	christian@thechergroup.c		
		to be used for future annual report no	otification)
For further information c	oncerning this matter, please c	all:	
christian@thechergrou	p.com	702 326-3514	
Name o	f Person	at () Area Code Dayti	ime Telephone Number
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□ \$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		Street Address:	
Registration S Division of C		Registration S Division of C	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 NOY -6 AM 11: 55

CHER TRUCKING LLC

(Name of the Limited Liability Company as it now appears on our records.), (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 06/27/2024 and assigned Florida document number L24000291763 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A 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) N/A 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 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	RAUL OLIVERA ESTRADA	640 47TH ST	□Add
		WEST PALM BEACH, FL 33407	■Remove
			□Change
			□Add
		Remove	
			Change
			□Add
			□Remove
			Change
			□Remove
			
	70-140-70-1		□Add
			Remove
			□ Remove
			□Change

	N/A
Effec	tive date, if other than the date of filing: (optional)
(It an el	Tective 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). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	nent's effective date on the Department of State's records.
	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
ora is t	
ora is t	
	November 6 2024
ord is f Dated	November 6 . 2024
	· / \
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00