L24000500705

(Re	questor's Name)	
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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		





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COVER LETTER

TO:

Registration Section
Division of Corporations

CHBICT.		NSPORTING & DISTRIBUT	ION,LLC			
SUBJECT:		Name of Limi	ited Liability Company			
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		MARIA S DORSETTE				
			Name of Person			
		C-A-P TRANSPORTING	& DISTRIBUTION,LLC			
		Firm/Company				
		C-A-P TRANSPORTING	& DISTRIBUTION,LLC			
		Address 205 PLANTATION BLVD City/State and Zip Code				
		LAKE WORTH, DL 33467				
			to be used for future annual report not	incation)		
For further in	nformation c	oncerning this matter, please ca	all:			
MARIA S DORSETTE		754 366-8504				
Name of Person			Area Code Daytin	se Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25,00 F	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)		
Rej Div P.C	iling Addres gistration 5 vision of C D. Box 632 llahassee, 1	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F/LED 2024 DEC 17 PM 4: 31

C-A-P TRANSPORTING & DISTRIBUTION, 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 $\frac{12/02/2024}{2000}$ Florida document number L24000500705 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 "LLC." 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: 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 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

Title	Name	<u>Address</u>	Type of Action
P	MATTHEW J DORSETTE	205 PLANTATION BLVD	DAdd
		LAKEWORTH,FL 33467	≣Remove
			□Change
SEC	MEGHAN M DORSETTE	205 PLANTATION BLVD	□Add
		LAKEWORTH, FL 33467	Remove
			Change
		□Remove	
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eument's effective of	date on the Departm	ent of State's rect	oras.				
record specifies a del is filed.	layed effective date,	but not an effecti	ve time, at 12:01 a	a.m. on the earlier	of: (b) The 9	Oth day a	after th
DEC 12th		2024					
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