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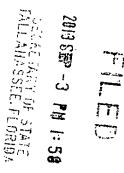
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

CHACEADA 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:

RICHARD M. MOGERMAN, ESQ.

Name of Person

RICHARD M. MOGERMAN, P.A.

Firm/Company

8211 WEST BROWARD BOULEVARD, SUITE 200

Address

PLANTATION, FLORIDA 33324

City/State and Zip Code

MARKMOG@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD M. MOGERMAN

,,,,954**、475-717**1

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHACEADA LLC					
(Name of the Limited	Liability Compa Florida Limited	ny as it now appea Liability Company)	rs on our records.)		
The Articles of Organization for this Limited L Florida document number L12000084604	iability Company	were filed on JU	NE 27, 2012	_ and assign	ned
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	oility company her	<u>re</u> :		
N/A					
The new name must be distinguishable and end wi "L.L.C."	th the words "Lim	ited Liability Compa	any," the designation "LLC	C" or the abb	oreviation
Enter new principal offices address, if applic	able:	N/A			
(Principal office address MUST BE A STREE	T ADDRESS)		2019 VLC		
				10 M	···
Enter new mailing address, if applicable:		N/A	0	(A) (A)	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>				
			<u>ූ</u> න	∑ 	
B. If amending the registered agent and/registered agent and/or the new registered o			our records, enter the		the new
	NI/A				
New Registered Office Address:	N/A	Fn	nter Florida street addres		
		Dit	ier Fioriaa sireet aaares	33	
		Cin	, Florida	7in Cada	
		City		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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JUAN CARLOS GUSTAVO BYZDIKIAN	304 INDIAN TRACE	Add
		#297	Remove
		WESTON, FL 33326	_
MGR	TURSUKI CORP.	FLEMMING HOUSE, WICKHAMS CAY	✓ Add
		P.O. BOX 662, ROAD TOWN	Remove
		TORTOLA, BRITISH VIRGIN ISLANDS	; -
			Add
		24 c C C C C C C C C C C C C C C C C C C	Remove
		SSEC. FLORIDA	Add Remove
			Add Remove
			Add
			Remove

	 		
			<u> </u>
Dated AUGUS	T 27 14	2013	
	1. Ayzo	likion	
.!!!A	Signature o	of a member or authorized representative of a member STAVO BYZDIKIAN	DET
	10/11/200 00	Typed or printed name of signee	

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