

4/7/22, 10:29 AM

Division of Corporations

W21000121893

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : OLIVE JUDD, P.A.
Account Number : 120200000171
Phone : (954)334-2250
Fax Number : (888)503-5258

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CHIMA ORLANDO, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2022 MAR - 7 PM 4: 38

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2022 APR - 7 AM 11: 34

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APR - 8 2022
T. LEMIEUX

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHIMA ORLANDO, 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:

Benjamin E. Olive, Esq.

Name of Person

Olive Judd, P.A.

Firm/Company

2426 East Las Olas Boulevard

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

holive@olivejudd.com

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

For further information concerning this matter, please call:

Benjamin E. Olive

Name of Person

954

at (_____) _____

Area Code

334-2250

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 &
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(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CHIMA ORLANDO, 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 03/24/2021 and assigned Florida document number L21000121893.

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:

New Registered Office Address:

Enter Florida street address

_____, Florida

City

FILED
2022 MAR -7 PM 4:28
STATE OF FLORIDA
TALLAHASSEE, FLORIDA
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

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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>
MGR	AUGUSTO SOMORA	1770 NW 64TH ST, SUITE 400	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AUGUSTO SAMORA	1770 NW 64TH ST, SUITE 400	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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