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(Re	questor's Name)	
(Ad	dress)	
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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:		
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2018 FEB 17 P 2: 30

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COVER LETTER

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, Division of Corpor	ations					
SUBJECT:	CHINO ENT	ER PRISES				
	Name of Limit	ted Liability Company				
The enclosed Articles of Am	nendment and fee(s) are subn	nitted for filing.				
Please return all corresponde	ence concerning this matter to	o the following:				
	Jo	SE ARELLA	NO			
		Name of Person				
	CHI	NO ENTER	PRISES			
		Firm/Company				
	1110 S.	CESAR CA	HUEZ	SUITE	107	9
	DALLAS	TEXAS City/State and Zip Code	1520) /		
·.		City/State and Zip Code	_	·		
	יא צודס	VC @ HAC o be used for future annual	·COM		<i>C</i> 3	
			report notification		8:6	ومعريمين
For further information conc	cerning this matter, please ca	ll:		Biri 1-z	FEB	
JOSE A	PELLANO Prson	at (347)	439 5	877	2016 FEB 17 P 2: 31	
Name of Pe	erson	Area Code	Daytime Teler	ohone Number 🚟	 U	£ 1 1
,					ιή	"Lagrage"
Enclosed is a check for the f	following amount:			9 m	30	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		□ \$60.00 Filing Certificate of Certified Cop (additional copy	`Status & oy	

MAILING ADDRESS:

ŤO:

Registration Section

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

TO ARTICLES OF ORGANIZATION OF

CHINO ENTE	ER PRISES
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w	ere filed on 5-18-2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty 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)	
	;
	70 m
Enter new mailing address, if applicable:	
, 11	De la CO mana
Mailing address MAY BE A POST OFFICE BOX)	(**) -< V
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7 TO 12 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	50 N D
3. If amending the registered agent and/or registered office address here:	with w
ognoted ingent undror the new registered street undress here.	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANNA FACCIOLO	500 CLIPPER SHIP LA	☐ Add
		ATLANTIC BEACH, FL	Remove
		32233	Change
			Remove
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Effect (If an eff	ve date, if other than the date of filing: (extive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days		i onal) r filing.)	Pursuant to 605.02	2 07 (3
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements ent's effective date on the Department of State's records.				
	ord specifies a delayed effective date, but not an effective time, at 12: 90th day after the record is filed.	01	a.m. d	on the earlier	of:
,	10				
Dated	FEBRUARY 12,2016.				
	FEBRUARY 12, 2016.				
	Signature of a member or authorized representative of a member				
	JOSE ARELLANO				
	Typed or printed name of signee			.	

Page 3 of 3

Filing Fee: \$25.00