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SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations
SUBJECT: CHIOLA, 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:
ALIASAU MUSTAPHA (Name of Person) CHIOLA LLC
CHIOLA LLC
(Firm/Company)
18752, NW 27TH AVENUE #214
(Address)
-MIAMI GARDENS, FL 33056
(City/State and Zip Code)
For forther information, consequing this matter places call.
For further information concerning this matter, please call:
ALIASAU MUSTAPHA at 786, 317 1775 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status 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 MAILING ADDRESS: Registration Section Division of Corporations Clifton Building
Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) MAILING ADDRESS: Registration Section Certified Copy (additional copy is enclosed) STREET/COURIER ADDRESS: Registration Section

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHIOLA.	LLC					
(Name of the Limited Liability	Company as it now appear	rs on our records.)				
The Articles of Organization for this Limited Liability Company were filed on 8/13/2009 and assigned Florida document number 40800077849						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limit	ited liability company her	<u>·e</u> :				
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Compa	any," the designation "L	LC" or the ab	breviation		
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDR	RESS)	·	9			
			AON 8	SEC		
)V 2	공설_ 개문		
Enter new mailing address, if applicable:			<u> </u>			
(Mailing address MAY BE A POST OFFICE BOX)			₽.	_ <u>~~~</u> [
			ယ္	30		
			00	3		
B. If amending the registered agent and/or registered agent and/or the new registered office add	tered office address on ress here:	our records, <u>enter t</u>	he name of	the nev		
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 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:

	= Manager 1 = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	_		Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
		-	Add Remove
- 			Add Remove
	_		Add Remove
	<u> </u>		Add Remove
D. If a	Mending any other information, enter of ARTICLE 1/1-	change(s) here: (Attach additional she The Purpose	For Which this LLC
Dated _	Services & tra	Auto Sales, rvices, Sports aining school, ing Services 2008	For which this LLC import & export agent, Security employment Medical equipments
	ALIASA	rember or authorized representative of a management of the supplementary of the supplement of the supplementary of the supplement of the supplementary of th	nember

Page 2 of 2

Filing Fee: \$25.00