

611 000 109524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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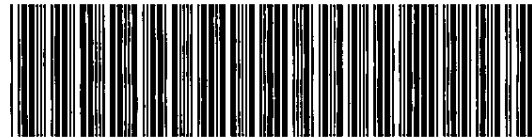
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. Silver MAR 11 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **LA CHIVA INVESTMENT 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:

**JOSE ACOSTA**

Name of Person

Firm/Company

**1555 SEMORAN BLVD SUITE 1321**

Address

**WINTER PARK FL 32792**

City/State and Zip Code

**lachivaorlando@gmail.com**

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

For further information concerning this matter, please call:

**JOSE ACOSTA**

Name of Person

at **407 9140229**

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**

**LA CHIVA INVESTMENT 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 SEP 26, 2011 and assigned Florida document number L11000109524.

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 end with 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)**

1555 SEMORAN BLVD

WINTER PARK FL. 32792

SUITE 1321

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:

JOSE ACOSTA

New Registered Office Address:

2427 BRANCH WAY AP 103

Enter Florida street address

MAITLAND

Florida 32751

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**

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	OMAR MUNOZ	1555 SAEMORAN BLVD	<input type="checkbox"/> Add
		WINTER PARK FL. 32792	<input checked="" type="checkbox"/> Remove
		SUITE 1321	
MGR	JOSE ACOSTA	2427 BRANCH WAY	<input checked="" type="checkbox"/> Add
		MAITLAND FL. 32751	<input type="checkbox"/> Remove
		APT 103	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

**NEW SHARES COMPOTITION**

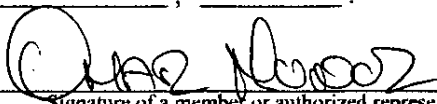
JOSE ACOSTA 99.00 %

CARLOS SUAREZ 1.00%

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **FEB 26, 2014**



Signature of a member or authorized representative of a member



Typed or printed name of signee

RECEIVED  
FEB 27 2014  
TALLAHASSEE, FLORIDA