

L1Z 00000 97490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

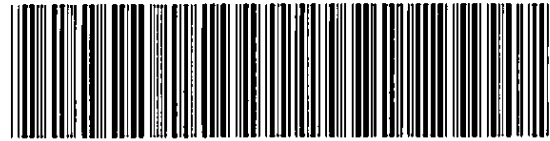
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2020 FEB 10 PM 1:05  
RECEIVED  
MILWAUKEE SE 11 10000

Amend/Name  
ch8

MAR 05 2020  
I ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CHIKITAS  
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:

Rosa Haydee Merlo  
Name of Person

CHIKITAS  
Firm/Company

2269 S. MILITARY TRAIL, WEST PALM BEACH  
Address

West Palm Beach FL 33415  
City/State and Zip Code

rmchikitas@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosa Merlo at (561) 401 5033  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

CHIKITA'S

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2020 FEB 10 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07.30.2012 and assigned  
Florida document number 46-1959133.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CHIKITA'S LLC

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)

2269 S. Military Trail  
West Palm Beach FL 33415

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:

Rosa H. Merlo

New Registered Office Address:

1080 Summit Trail Circle, Unit D

Enter Florida street address

West Palm Beach

City

Florida

33415

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.

Rosa Merlo

If Changing Registered Agent, Signature of New Registered Agent

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	Rosa H. Moody	1080 Summit Trail Circle	<input type="checkbox"/> Add
		Unit D, West Palm	<input checked="" type="checkbox"/> Remove
		Beach FL 33415	<input type="checkbox"/> Change
MGR	Merlo, Rosa H.	1080 Summit Trail Circle	<input type="checkbox"/> Add
		Unit D, West Palm Beach	<input type="checkbox"/> Remove
		FL 33415	<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated February 5, 2020

Loa Nerle  
Signature of a member or authorized representative of

Rosa H. Merlo