LICUU233315

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COVER LETTER

Divi	sion of Corp	orations		
SUBJECT:		CHAPPIE LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	Anicles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspond	dence concerning this matter	to the following:	
		Raul G. Mendoza, Esq.		
			Name of Person	
		Raul G. Mendoza, P.A.		
			Firm/Company	
		2600 S. Douglas Road Sui	te 400	
			Address	
		Coral Gables, Florida 3313	34	
			City/State and Zip Code	
		olguistobon@hotmail.com		
		E-mail address: (to be used for future annual re	port notification)
For further in	formation cor	ncerning this matter, please ca	all:	
Wanda De M	iendoza, VP			-1818
	Name of I	Person	at () Area Code	Daytime Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status &

MAILING ADDRESS:

Registration/Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AXTERIS & CHAPPIE LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited)	uny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited L Florida document number L16000233315	iability Company	were filed on December 28, 2016	and assigned	
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		425 NE 22nd Street Suite 1007		
Principal office address MUST BE A STREET ADDRESS)		Miami, Florida 33137-5185		
			17	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		425 NE 22nd Street Suite 1007		
		Miami, Florida 33137-5185	₽.a	
B. If amending the registered agent and	/or registered o	ffice address on our records, ente	r the name of the	
registered agent and/or the new registered o			<u>.</u>	
Name of New Registered Agent:	Juliana Serna T	obon		
New Registered Office Address:	425 NE 22nd 5	Street Suite 1007		
	Enter Florida street address			
	Miami	Florida	33137	
		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 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>	Type of Action
MGR	OLGA C TOBON	425 NE 22nd Street Suite 1007	
		Miami. Florida 33137-5185	Remove
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ective date, if other than the offective date is listed, the date must e: If the date inserted in this bloument's effective date on the De	ck does not meet the appli	or to date of filing or m cable statutory filin	(option ore than 90 days after fil g requirements, this d	al) ing.) Pursu ate will no	ant to 605.0 or be listed
record specifies a delayed he 90th day after the reco		ot an effective t	ime, at 12:01 a.r	n. on th	e earlier
October 24	2017				

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Filing Fee: \$25.00