

L17000001603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

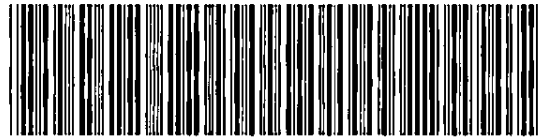
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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17 SEP 26 PM 3:28

FILED

2017 SEP 28 AM 8:45

K. SALY
SEP 29 2017

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 9/26 Glinda

- CERTIFIED COPY** _____
- PHOTOCOPY** _____
- CUS** _____
- FILING** AMEND _____

1. CHONTADURO, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 27, 2017

CORPORATE ACCESS, INC.

SUBJECT: CHONTADURO, LLC
Ref. Number: L17000001603

We have received your document for CHONTADURO, LLC and your check(s) totaling \$287.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete, missing page 2 of 3. Please submit a complete document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 217A00019512

Corrected

17 SEP 28 PM 1:07

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHONTADURO, 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:

Janine N. Kucaba, Esq.

Name of Person

Stokes McMillan Antunez, P.A.

Firm/Company

9130 South Dadeland Boulevard, Suite 1901

Address

Miami, Florida 33156

City/State and Zip Code

mariana@loyola-asset.com

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

For further information concerning this matter, please call:

Janine N. Kucaba, Esq.

305 379-4008

at ()

Name of Person

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

FILED
2017 SEP 28 AM 8:45
TALLAHASSEE, FLORIDA
STATE OFFICE OF REVENUE

CHONTADURO, 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 1/3/2017 and assigned Florida document number L17000001603.

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 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)

50 S. Pointe Drive, #2701
Miami Beach, Florida 33139

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

Alberto Perez c/o Mariana Foerster
55 Merrick Way, Suite 208
Coral Gables, Florida 33134

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: Mariana Foerster

New Registered Office Address: 55 Merrick Way, Suite 208

Enter Florida street address

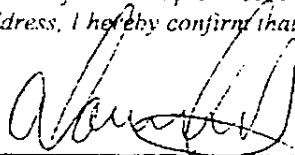
Coral Gables, Florida 33134

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

Filing Fee: \$25.00

Page 3 of 3

Alberto Perez, Manager
Typed or printed name of signer

Signature of a member or authorized representative of a member

Dated September 22, 2017

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

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

Multiple horizontal lines for additional information or amendments.

FILED
AM 08:45
2017 SEP 22
MILWAUKEE, WI

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)