117000169233

(Re	questor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
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PICK-UP	MAIT	MAIL
		_
(Bu	isiness Entity Nam	e)
(Do	cument Number)	· <u> </u>
Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
		}

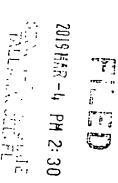
Office Use Only



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R. WHITE MAR 1 2 2019



COVER LETTER

Registration Section Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

SUBJECT: CHIA PR	OJECTS LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	NOREXA HENRIQUE		
		Name of Person	
	CHIA PROJECTS LLC	Firm/Company	
	2095 W 76TH St, Suite		
		Address	
	Hialeah, FL 33016		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
NOREXA HENRIC	QUEZ of Person	at () Area Code Daytime	: Telephone Number
Name	TI CINO	Area Code Paytime	. receptore remoci
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Ca \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS; ration Section	STREET/COURI Registration Section	

Division of Corporations Clifton Building

2661 Executive Center Circle Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

CHIA PROJECTS LLC

2019 HAR -4 PM 2: 30

(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 August 8, 2017 and assigned Florida document number <u>L17000169233</u> 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: New Registered Office Address: Enter Florida street address

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>	Address	Type of Action
AMBR	Gil De Freitas	2095 W 76TH St, Suite 101	⊠ Add
		Hialeah, FL 33016	Remove
			Change
AMBR Norexa Henriquez	Norexa Henriquez	2095 W 76TH St, Suite 101	Add
		Hialeah, FL 33016	□ Remove
			Change
			☐ Remove
			Change
			Remove
			□ Change
			□ Remove
			Change
			☐ Remove
			□ Change

	The members of the Company are Norexa Henriquez (99%) and Gil De Freitas (1%).
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<u>ote:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ited	December 19 2018

Page 3 of 3

Filing Fee: \$25.00