

(Requestor's Name)	
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(City/State/Zip/Phone #)	
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PICK-UP WAIT MAIL	
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(Business Entity Name)	
(Document Number)	
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09/25/17--01014--827 **25.00



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COVER LETTER

	porations		
CHIOSCO			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	KARLA G. BARTOLON	E-BUENDIA	
		Name of Person	
		Firm/Company	-
	9675 NW 117TH AVE SU	JITE 405	
		Address	
	MEDLEY, FL 33178		
		City/State and Zip Code	
	KARLABARTOLONE@G		
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
KARLA G. BARTOLON	RE-BUENDIA	305 301-7120	
Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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

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CHIOSCO LLC

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

		' 984D,
he Articles of Organization for this Limited Liability Comp	oany were filed on 08/18/2017	and assigned
lorida document number 1.17000177959		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" (or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>,,</u>
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
enter new maning address, it applicanie.		
Mailing address MAY BE A POST OFFICE BOX)		
Mailing address MAY BE A POST OFFICE BOX)		
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered egistered agent and/or the new registered office address	d office address on our records,	enter the name of the no
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered egistered agent and/or the new registered office address Name of New Registered Agent:	d office address on our records, here:	enter the name of the no
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered egistered agent and/or the new registered office address	d office address on our records, here:	enter the name of the no
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered egistered agent and/or the new registered office address Name of New Registered Agent:	d office address on our records, here: Enter Florida street address , Flor	enter the name of the no
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered egistered agent and/or the new registered office address Name of New Registered Agent:	d office address on our records, here:	enter the name of the no
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered egistered agent and/or the new registered office address Name of New Registered Agent:	d office address on our records, here: Enter Florida street address City	enter the name of the n

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	ITALO D. BARTOLONE-PULEO	9675 NW 117TH AVE STE 405	
		MEDLEY, FL 33178	■ Remove
			☐ Change
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ective date, if other th	an the date of filing:		(a	
te: If the date inserted in		he applicable statutory		after filing.) Pursuant to 605.03 this date will not be listed
he 90th day after th	ne record is filed.)1 a.m. on the earlier
Soltons		90/7		
icu <u> </u>	Signature of a member	ul milanilalo	mR	
	Signature of a memb	Mir out the m	tative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00