

L17000191908

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHEAZ INDUSTRIES, 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:

FRANK R. SARIOL

Name of Person

THE SARIOL GROUP, LLC

Firm/Company

8200 NW 41ST STREET, SUITE 315

Address

DORAL, FLORIDA 33166

City/State and Zip Code

FSARIOL@ME.COM

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

For further information concerning this matter, please call:

OSCAR G. BETANCOURT

786
at ()

636-8649

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**

CHEAZ INDUSTRIES, 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 SEPTEMBER 14, 2017 and assigned Florida document number L1700191908.

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)

8260 NW 14TH STREET

UNIT 24324

DORAL, FL 33126

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8260 NW 14TH STREET

UNIT 24324

DORAL, FL 33126

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

_____, Florida _____
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>	<u>Type of Action</u>
MGR	LUCERO GARCIA PARRA	82 NW 14TH STREET	<input type="checkbox"/> Add
		UNIT 24324	<input checked="" type="checkbox"/> Remove
		DORAL, FL 33126	<input type="checkbox"/> Change
MGR	LUCERO GARCIA PARRA	8260 NW 14TH STREET	<input checked="" type="checkbox"/> Add
		UNIT 24324	<input type="checkbox"/> Remove
		DORAL, FL 33126	<input type="checkbox"/> Change
MGR	RICARDO K CHEAZ RODRIGUE	82 NW 14TH STREET	<input type="checkbox"/> Add
		UNIT 24324	<input checked="" type="checkbox"/> Remove
		DORAL, FL 33126	<input type="checkbox"/> Change
MGR	RICARDO K CHEAZ RODRIGUE	8260 NW 14TH STREET	<input checked="" type="checkbox"/> Add
		UNIT 24324	<input type="checkbox"/> Remove
		DORAL, FL 33126	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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TALLAHASSEE, FLORIDA

H. 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.

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.

Dated SEPTEMBER 19TH 2017

Funeraria

Signature of a member or authorized representative of a member

LUCERO GARCIA PANNA

Typed or printed name of signer