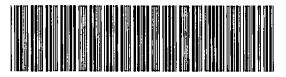
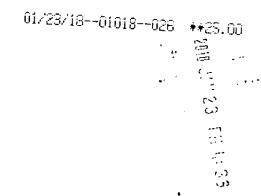
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COVER LETTER

SUBJECT: CHEPETCM 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:	
LAZARO CHEPE	
Name of Person	<u> </u>
CHEPETCMILC	
Firm/Company	
550 NW 51 AVE APT 2	25
Address	
MIAMI, FL 33126	
CHEPETCM LLC Firm/Company 550 NW 51 AVE APT 25 Address MIAMI, FL 33126 City/State and Zip Code IMPROVEDRESE@YAHOO.COM E-mail address: (to be used for future annual report notification) The information concerning this matter, please call: LAZARO CHEPE Name of Person at (786) Area Code Daytime Telephone Number d is a check for the following amount: 00 Filing Fee Certificate of Status Certified Copy Certificate of Status & Certified Copy Certificate of Status & Certified Copy Certificate of Status & Certificate	
For further information concerning this matter, please call:	
Name of Person Area Code Dayti	
Enclosed is a check for the following amount:	

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**

CHEPETCM LLC

(Stante of the Limited 1	Florida Limited Liab	ility Company)	recorus.)	
The Articles of Organization for this Limited Liabi	lity Company we	re filed on11/07/2	2017	and assigned
This amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of th	e limited liability	y company here:		
The new name must be distinguishable and contain the word	s "Limited Liability	Company," the designation	"LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicabl	e:	550 NW 51 AV	E APT 25	
(Principal office address MUST BE A STREET A	(DDRESS)	MIAMI, FL 33	3126	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office	550 NW 51 A'MIAMI, FL 3	33126	
New Registered Office Address:	550 NW	51 AVE APT	25	
		Enter Florida street address		
	MIAMI		Florida	33126
		City		Zip Code
New Registered Agent's Signature, if changing Reg	_			
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the registery company has been notified in writing of this change in the registery properties.	and complete per red agent as pro istered office ad	rformance of my duti vided for in Chapter	es, and I am fo 605, F.S. Or,	amiliar with and if this document is

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
MGR	LAZARO CHEPE	550 NW 51 AVE	🗆 Add
		MIAMI, FL 33126	∑ Remove
			Change
MGR	LAZARO CHEPE	550 NW 51 AVE APT 25	\ Add
		MIAMI, FL 33126	Remove
			□ Change
			Remove
			Change
			
			□ Remove
			Change
			□ Remove
			□ Chânge □ Add
			ى <u>*</u> ∆äå
			☐ Remove
			□ Chanee

	
ective date, if other than the date of filing:	ional) r tiling.) Pursuant to 605.0 is date will not be listed
record specifies a derayed effective date, but not an effective time, at 12:01 ne 90th day after the record is filed.	a.m. on the earlier
JANUARY, 18th	
	
Signature of homber or authorized representative of a member	<u></u>
LAZARO CHEPE	· ω
Typed or printed name of signee	<u> </u>

Page 3 of 3

Filing Fee: \$25.00