

L180000029159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

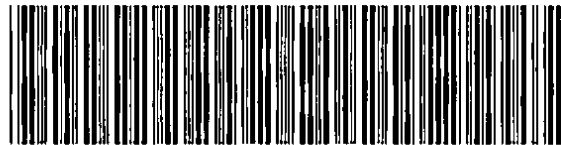
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400333130204

08/16/13--01015--025 *25.00

2013 AUG 16 AM 9:17

Y SULKER

AUG 21 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHAVIS WINDS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Valerie Schwartzman
Name of Person

Law Office of Valerie Schwartzman P.A.
Firm/Company

12550 Biscayne Blvd. Suite 406
Address

North Miami FL 33181
City/State and Zip Code

daniella@schubow.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniella Texeira at (305) 974 0114
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURT ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CHAVIS WINDS 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 02/01/2018 and assigned Florida document number L18000029159.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Law office of Valeria Schwartzman
12550 Biscayne Blvd Suite 406
North Miami FL 33181

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:

Law office of Valeria Schwartzman P.A.

12550 Biscayne Blvd Suite 406

Enter Florida street address

North Miami, Florida 33181

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.

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	HYDE TINA	407 Lincoln Rd. Suite 85	<input type="checkbox"/> Add
		Miami FL 33139	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROZENBLUM, ROSANA M	12550 Biscayne Blvd Suite 406	<input type="checkbox"/> Add
		North Miami FL 33181	<input type="checkbox"/> Remove
			<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[The page contains faint horizontal ruling lines.]

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 465.0207) of

(b) The 90th day after the record is filed.

Dated 08/08 2019

X Prozenyblu
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

ROSANA DOZEN BLUM
Typed or printed name of signer