

L18000093860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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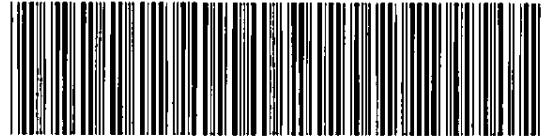
(Business Entity Name)

(Document Number)

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**TO: Registration Section
Division of Corporations**

SUBJECT: DCHN, 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:

VIVIANA CHAR

Name of Person

Firm/Company

16385 BISCAYNE BLVD

Address

MIAMI, FL 33160

City/State and Zip Code

dachavas@gmail.com

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

SECRET
TAL

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For further information concerning this matter, please call:

VIVIANA CHAR

512 7742266

at (_____)

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DCHN, 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 04/13/2018 and assigned Florida document number L18000093860.

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)

16385 BISCAYNE BLVD

MIAMI, FL 33160

UNIT 1518

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

16385 BISCAYNE BLVD

MIAMI, FL 33160

UNIT 1518

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:

VIVIANA CHAR

New Registered Office Address:

16385 BISCAYNE BLVD

Enter Florida street address

MIAMI

City

Florida 33160

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.

Viviana Char

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	HALIME H. MALOOF CUSSE	488 NE 18 ST	<input type="checkbox"/> Add
		MIAMI, FL 33132	<input checked="" type="checkbox"/> Remove
		UNIT 3810	<input type="checkbox"/> Change
MGR	DAVID CHAR NAVAS	16385 BISCAYNE BLVD	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33160	<input type="checkbox"/> Remove
		UNIT 1518	<input type="checkbox"/> Change
AMBR	VIVIANA CHAR	16385 BISCAYNE BLVD	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33160	<input type="checkbox"/> Remove
		UNIT 1518	<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

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 FILED IN
 DATE

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TALLAHASSEE FL

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SECRETARY OF STATE
TALLAHASSEE, FL

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.

Dated October 18 2023

2023
- *Indira Gandhi*

HALIME H MALOOF CUSSE

Filing Fee: \$25.00