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## **COVER LETTER**

Division of Cor	porations		
	CK MIAMI, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and feets) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ernesto Dorfman		
		Name of Person	
		Firm/Company	<del></del>
	20815 NE 16 AVENUE #1	, ,	
	AVENTURA, FL. US 331	Address 79	
	director@chazak18.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Daniel Liberman		305 331-97(N) at()	
Name o	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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 tadditional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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



POP-A-LOCK MIAMI, LLC

company has been notified in writing of this change.

( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our recor- nited Liability Company)	<u>(ds.</u> )
The Articles of Organization for this Limited Liability Comp.  Florida document number	pany were filed on May 14, 2018	and assigned
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 "EL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<del> </del>
B. If amending the registered agent and/or registere		
registered agent and/or the new registered office address	<u>here</u> :	-
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	201
	, F	loridaZip Code
		Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>gent:</u>	
I hereby accept the appointment as registered agent and		
provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent		3
accept the congations of my position as registered agent being filed to merely reflect a change in the registered a		5

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> Jose Pajon	<u>Address</u> 20815 NE 16 AVENUE #B32	Type of Action
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	ne 90th day after the record is filed.	the eath	er or:
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