118000190603

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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N. CAUSSEAUX

COVER LETTER

TO:	Registration Se Division of Cor			
OF ITS TT	MINI CHI	PLLC		
SUBJE	.CI:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		SORAYA VALERO		
_			Name of Person	
		SVG GROUP LLC		
			Firm/Company	
		9600 NW 25th ST, SUIT	E 6D	
			Address	
		DORAL, FLORIDA, 331	72	
		SOBAVAVAL EBOOROL	City/State and Zip Code	
		SORAYAVALEROGROU	to be used for future annual report notifi	ication)
For fur	ther information c	oncerning this matter, please ca		•
SORA	YA VALERO		954 8152817	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$23	i.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

MINI CHIPLLC		
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000190603</u> .	were filed on AUGUST 09, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
MINI CHICLLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C:"
Enter new principal offices address, if applicable:	4712 NW 114th AVE, UNIT 101	991 (1)
(Principal office address MUST BE A STREET ADDRESS)	DORAL, FL, 33178	
		63
Enter new mailing address, if applicable:	4712 NW 114th AVE, UNIT 101	P
(Mailing address MAY BE A POST OFFICE BOX)	DORAL, FL, 33178	<u>ည</u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		the name of the new
	, 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 **Type of Action** <u>Title</u> <u>Name</u> Address _ 🗖 Add _□ Remove _□ Change Remove _ □ Add ☐ Rensove _ Change _ Add _□ Remove _□ Change _ Add ☐ Remove ☐ Change □ Add _□ Remove

☐ Change

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. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date	
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document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the earlier o
) The 90th day after the record is filed.	on the carrier o
AUGUST 20 2018	
Dated Wind	
Signature of a member or authorized representative of a member	
JOSE ANTONIO HERNANDEZ ALCALDE	

Page 3 of 3

Filing Fee: \$25.00