

L180000221104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

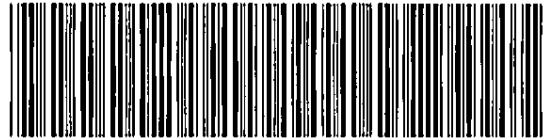
(Document Number)

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FILED
2024 JUN 24 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FL 32301

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Chiki Town 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:

Amaribis Amesen

Name of Person

Firm/Company

8838 SW 129 Ter.

Address

Miami, FL 33176

City/State and Zip Code

hello@chikitown.com

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

For further information concerning this matter, please call:

Amaribis Amesen 786 724-7672

Name of Person at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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 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**

Chiki Town 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 09/17/2018 and assigned
Florida document number L18000221104.

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 "LLC."

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)

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2024 JUN 24 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Amaribis Arnesen

New Registered Office Address:

8838 SW 129 Ter.

Enter Florida street address

Miami

Florida

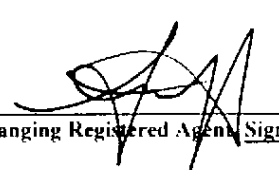
33176

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Priscilla Del Nero	9101 SW 45 St.	<input type="checkbox"/> Add
		Miami, Fl 33165	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Emilio Hernandez	9101 SW 45 St.	<input type="checkbox"/> Add
		Miami, Fl 33165	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Amaribis Arnesen	8838 SW 129 Ter.	<input checked="" type="checkbox"/> Add
		Miami, Fl 33176	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jose Herrera	8838 SW 129 Ter.	<input checked="" type="checkbox"/> Add
		Miami, Fl 33176	<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

[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Prisult 2 bel nro

Amaribis Arnesen

Filing Fee: \$25.00