119000084089

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COVER LETTER

Division of Cor						
CHIBLEOT	M. MOGHADAS, LLC					
Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Kathryn Moghadas					
		Name of Person				
		Firm/Company				
	698 Venture Court					
		Address				
	Winter Springs F1 32708					
	kathym@ahatopcat.com	City/State and Zip Code				
	E-mail address: (to be used for future annual report no	tification)			
For further information e	oncerning this matter, please ca	all:				
Kathryn Moghadas		407 831-7575				
Name of	Person	at () Area Code Daytir	ne Telephone Number			
Enclosed is a check for th	e following amount:					
為 \$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

(3)	
(Name of the Limited Liability Compa) (A Florida Limited I.)	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company	were filed on 03/21/2019 and assigned
Florida document number 119000084089	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
he new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable:	NA
Principal office address MUST BE A STREET ADDRESS)	
	11/L
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office a	address on our records, enter the name of the new regis
gent and/or the new registered office address here:	ŗ:
	n/A
Name of New Registered Agent:	7/ 1
New Registered Office Address:	
	Enter Florida street address
/	Florida

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being autoor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	KATHRYN MOGHADAS	698 Venture Court	DAdd
		Winter Springs Fl 32708	■Remove
			□ Change
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F1.00	12/30/2019
Effectiv (If an effec	e date, if other than the date of filing: (optional) tive 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 (
Note: 1	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records.
aveaine.	a seriective date on the Department of State's records.
he 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
ord is file	4.
	2-8
Dated _	
Dated _	Variation of the state of the s
Dated _	Signifure of a member or authorized representative of a member
Dated _	Signiture of a member or authorized representative of a member Kathryn Moghadas

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