L19000091269

(Req	uestor's Name)
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PICK-UP	☐ WAIT ☐ MAIL
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COVER LETTER

TO: Registration See Division of Corp			
SUBJECT:	CHA LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	dence concerning this matter	to the following:	
	KASEM	NANALERT	
		Intent and fee(s) are submitted for filing. Intent and fee(s) are	
	NICHA	LLC	
		Firm/Company	
	6259 NI	N 38 DR	
		Address	
	CORAL SPR	INGS, FL 330	067
	1	City/State and Zip Code	
	KASEM 1975	T@ YAHOO, COM	·
			ncanon)
		all:	
KASEM NAN	ALERT	ar 1954, 854	-5596
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
MAILE	G ADDRESS:	STREET/COURI	ER ADDRESS:
Registra	on Section	Registration Section	
P.O. Box	of Corporations 6327	Division of Corpor Clifton Building	
	see, FL 32314	2661 Executive Ce	nter Circle

Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida L	Company as it now appears of imited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Con	npany were filed on <u>4</u>	12/2019	_ and assigned
Florida document number L 19000091269			
R/Ma document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here	:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the desig	gnation "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:		_	
· · ·		<u></u>	19
Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	<u> </u>	
		In the	PR TI
		S. S	26
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Enter new mailing address, if applicable:		- C- V	
		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		~ -	
Mailing address MAY BE A POST OFFICE BOX)		î D.	<u> </u>
B. If amending the registered agent and/or register			
B. If amending the registered agent and/or register			
B. If amending the registered agent and/or register			
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:			
B. If amending the registered agent and/or registeregistered agent and/or the new registered office address Name of New Registered Agent:			
B. If amending the registered agent and/or registeregistered agent and/or the new registered office address	ss here:		
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent:	ss here:	ur records, enter th	

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 or removed	Authorized Per from our record	son(s) authorized to ma <u>s</u> :	mage, enter the title, name, and address of e	ach person being adde
MGR = M $AMBR = A$	anager uthorized Memb	er		
<u>Title</u>	<u>Name</u>		Address	Type of Action
AMBR	KASEM	NANALERT	6259 NW 38 DR	🗷 Add
			CORAL SPRINGS, FL	Remove
			33067	Change
				Add
				☐ Remove
				☐ Change
			ALLAHASSEE FLORIDA	APR 26
			:n- :n- :n- :	Remove Change
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fective date, if other than the d				(optional)		
an effective date is listed, the date must bote: If the date inserted in this bloom	k does not m	eet the applica					
eument's effective date on the Dep	artment of St	ate's records.					
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Filing Fee: \$25.00