L190000 91331

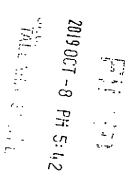
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PICK-UP	MAIT WAIT	MAIL
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Certified Copies Certificates of Status		
Special Instructions to Fi	ling Officer:	

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COVER LETTER

Div	rision of Corp	porations		•		
SUBJECT:		ESTOR SAYAGO CHACON LLC				
SOBJECT.		Name of Limit	ed Liability Company			
The enclosed	d Articles of .	Amendment and fee(s) are subn	nitted for filing.			
Please return	ı all correspo	ndence concerning this matter to	o the following:			
		NESTOR SAYAGO				
			Name of Person			
		NESTOR SAYAGO CHAC	CON LLC			
			Firm/Company			
		1921 ELMWOOD AVE				
		•11.•	Address			
		BERWYN, IL 60402				
		CANDAEXPENSES@GMA	City/State and Zip Code JL.COM			
		E-mail address: (to	be used for future annual report notifi	cation)		
For further i	nformation co	oncerning this matter, please cal	II:			
ANTONIO	COA		561 814-4558			
	Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclosed is	a check for th	e following amount:				
■ \$25.00 I	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:

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

NESTOR SAYAGO CHACON LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L19000091331		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC" or the	abbreviation L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	2 - Car
		= :
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		er the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	NESTOR SAYAGO	1921 ELMWOOD AVE	
		BERWYN, IL 60402	■ Remove
			Change
MGR	JUAN SANTANA	1921 ELMWOOD AVE	□ Add
		BERWYN, IL 60402	■ Remove
			☐ Change
AR	ANTONIO COA	1921 ELMWOOD AVE	
		BERWYN, IL 60402	_ ■ Remove
			Change
MGR	ANTONIO COA	1921 ELMWOOD AVE	 Adđ
		BERWYN, IL 60402	□ Remove
			☐ Change
			☐ Remove
			☐ Change
			☐ Remove
			□ Change

					
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ffective date, if oth fan effective date is listed Note: If the date inser locument's effective d	l, the date must be speci- ted in this block does	tic and cannot be prion not meet the application	cable statutory filing r	(optional) than 90 days after filing.) I equirements, this date w	Pursuant to 605.020 ill not be listed as
e record specifies The 90th day aft	a delayed effect er the record is f	ive date, but no iled.	ot an effective tim	ne, at 12:01 a.m. oi	n the earlier c
OCTOBER 04		2019			
*****		•	<u> </u>		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00