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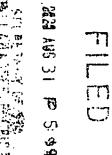
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
operation to thing officer.

Office Use Only



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08/31/20--01030--022 **25.00



COVER LETTER

O: Registration Section Division of Corporations
UBJECT: The Chosen Carpenter LC Name of Limited Liability Company
he enclosed Articles of Amendment and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
Yamel F. Garcia Name of Person
Jirm/Company
1967 W 36th Ave Unit 203
City/State and Zip Code Chosen carpen-Inf @icloud.com E-mail address: (if be used for future annual report notification)
or further information concerning this matter, please call:
Vamel F. Garcia at (205) 746-8857 Name of Person Area Code Daytime Telephone Number
nclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) 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

1-110

the chosen	reception +	er hh	<u> </u>		
(Name of the Limite	d Liability Company as it A Florida Limited Liability	now appears on	our records.)	•	
1	The strict of th				
The Articles of Organization for this Limited Lia	bility Company were	iled on	17/2019	and as	ssigned
Florida document number <u>L19000105</u>	<u>633</u> .		•		
This amendment is submitted to amend the follo	wing:			16.20	
A. If amending name, enter the new name of	the limited liability co	ompany here:	14/14/20 14/14/20 24/20/20	A 555	
Chosen Carpen The new name must be distinguishable and contain the wo	er LLC		الله الله الله الله الله الله الله الله		Γ
The new name must be distinguishable and contain the we	rds "Limited Liability Con	ipany," the design	nation "LLC" or the a	obreviation "I	439
Enter new principal offices address, if applica	ble:				
(Principal office address MUST BE A STREET	ADDRESS)			€ 6:	
					- · · ·
Enter new mailing address, if applicable:			_		
(Mailing address MAY BE A POST OFFICE B	 BOX)				
			-		
B. If amending the registered agent and/or re		s on our reco	rds, enter the nan	e of the ne	w registered
agent and/or the new registered office address	here:				
	٠.	2			
Name of New Registered Agent:	<u>Daymir</u>	n Mar	<u>nos</u>		
New Registered Office Address:	<u>wropa</u>	Stath f	<u> </u>	203	<u> </u>
	Hialogh		, Florida	33015	}
	Ci	Ùι.	,	Zip Code	<u> </u>

New Registered Agent's Signature, if changing Registered Agent:

T

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Yamel F. Garcia	6967 W 361h Aug Onit 20	<u>3</u> □Add
		Hialeah, Pl 33018	□Remove
			Change
<u>Alew</u>	Daymin Ramos	GOOD W Stoth Are Diet 2 Hialah, FL 33018	03 Madd
hagesteral. Agent.	Daymin Ramos	Hialah, FL 33018	🗆 Remove
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n effect ote: - If	e date, if other than the date of filing:
ecord s is filed	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 I.
ted	08/26/2000
	Signature of a member or authorized representative of a member
	Signature of a member-or authorized representative of a member

Filing Fee: \$25.00