## 119000132435

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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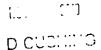


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## **COVER LETTER**

TO:	Registration So Division of Co				
em m	CHEIVA I				
SUBJI	ECT:		nited Liability Company	<del>-</del>	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for tiling.		
Please	return all correspo	ondence concerning this matter	to the following:		
		DANIEL RANGEL			
			Name of Person	<del></del>	
		<del> </del>	Firm/Company		
		6925 LAKE ELLENOR D	R, SUITE 117		
			Address		
		ORLANDO-FL 32809			
		COORDINATOR@BIZNE	City/State and Zip Code ZSOLUTIONS.COM	<del></del>	<b>3</b>
		E-mail address: (	to be used for future annual report notif	ication)	• • •
For fur	ther information c	concerning this matter, please c	all:		3 SE
	Many	f Person	at () Area Code Daytime	Telephone Number	
	ivanie o	n reison	Area Code Daytime	Telephone Number	4 9: Or
Enclose	ed is a check for the	ne following amount:			Ç.
<b>■ \$</b> 25	5.00 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

## (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

	TO	
ARTICLE	ES OF ORGANIZATION	eords.) and assigned
	OF	3
CHEIVA LLC		G.
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our recida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability	Company were filed on 05/16/2019	and assigned
Florida document number 1.19000132435	·	-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
he new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "I	.I.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	
		<del></del>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi	istered office address on our reco	rds, enter the name of the r
egistered agent and/or the new registered office ad	dress here:	
Name of New Registered Agent:		
Name of New Registered Agent:  New Registered Office Address:		
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street ada	lress
		Florida

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>	Address	Type of Action
G	FAINSTEIN, DIANA	6039 COLLINS AVE, APT 1607 MIAMI BEACH, FL 33140	
			Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
		<del></del>	□ Change
			□ Add
			Remove
			Change
			□ Remove
			Change
			Add
			Remove
			☐ Change

∦f ameno	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del>"</del>	
_	
(If an effect Note: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated _	Uctober 23 2019  Chiracter nature  Signature of a member or authorized representative of a member
	Phi water notan
	Signature 144 member or authorized representative of a member
	CHEIVA FAINSTEIN  Typed or printed name of signee

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Filing Fee: \$25.00