## 119000138884

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

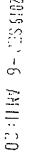
Office Use Only



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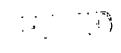
## **COVER LETTER**

Division of Co			
SUBJECT: CHOKLO			
	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	FABIAN F BIRNBAUM		
		Name of Person	
	FMB INTERNATIONAL		
		Firm/Company	
	64 NW 54TH ST SUITE		
		Address	
	MIAMI, FL 33127		
	FBIRNBAUM@FBM.TA	City/State and Zip Code	
	<del></del>	to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
ЈЕМІЕ НО	of Person	at (305)827-8311_	
Name	or rerson	Area Code Daytime	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$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 tadditional copy is enclosed:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CHOKLO LLC		2019 SEP - 6 ATT 11 - 20
(Name of the Limited Liab) (A Flori	ility Company as it now appears on our a da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number L19000138884	Company were filed on <u>05/23/2019</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	mited 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	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 reg registered agent and/or the new registered office ad		cords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street e	nddress
		_, Florida
	Сиу	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 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
MGR	ROY DAVIES	ECHEVARRIARZA 3535 MONTEVIDEO, URUGAUY 11300	Add
			Remove
			Change
	<del></del>		Add
			Remove
			☐ Change
			Add
			□ Remove
			Change
			🗆 Add
			□ Remove
			Change
<del></del>			
			□ Remove
			☐ Change
<del></del>			Add
			Remove

\_\_\_\_\_ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effect	ive date, if other than the date of filing: 08/21/2019 (optional)  ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after tiling.) Pursuant to 605,020
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docum	cent's effective date on the Department of State's records.
he re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
The	90th day after the record is filed.
Dated	August 28, 2019.
	Signature of a member of authorized representative of a member
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Filing Fee: \$25.00