

8/23/24, 4:44 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L19000139989

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((11240002810153)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TAXPLUS FINANCIAL SERVICES CORP
Account Number : 120230000108
Phone : (786)464-9978
Fax Number : (305)675-6158

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: maria.torres@taxplusinsurance.com

2024 AUG 23 AM 2:55
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TAXPLUS INSURANCE

LLCAMND/RESTATE/CORRECT OR M/MG RESIGN

CHIT GLOBAL GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
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TAXPLUS INSURANCE

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Corporate Filing Menu

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K. SALY

AUG 26 2024

COVER LETTER

(((H24000281015 3)))

TO: Registration Section
Division of Corporations

SUBJECT: CHT GLOBAL GROUP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA V TORRES

Name of Person

TAXPLUS FINANCIAL SERVICES CORP

Firm/Company

8000 NW 7TH ST STE 100

Address

MIAMI, FL 33126

City/State and Zip Code

MARIA.TORRES@TAXPLUSINSURANCE.COM

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA V TORRES

786

464-9978

Name of Person

at (_____) _____
Area Code

Daytime 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
(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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

(((H24000281015 3)))

CHT GLOBAL GROUP LLC

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

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2024 AUG 23 AM 2:55
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/24/2019 and assigned
Florida document number 119000136989.

This amendment is submitted to amend the following.

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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

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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>
Manager	CALVO, IVAN C	5350 NW 84TH AVENUE	☐ Add
		UNIT 1510	☒ Remove
		DORAL, FL 33166	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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TALLAHASSEE, FL
FALL 2024

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

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FALLAS DIST. CLERK

E. Effective date, if other than the date of filing: _____ (optional)

(f) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. (Pursuant to 605.0207 (3)(b))

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day after the record is filed

Dated ALGUST 21 2024

JUAN C HERRERA

Signature of a member or authorized representative of a member

JUAN C HERRERA

Typed or printed name of signee

Filing Fee: \$25.00

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