L19000142644

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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COVER LETTER

TO:	Registration Se Division of Cor				
CHD ICA	SIEL LLC				
SUBJE	CI:	Name of Lim	ited Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		Rodrigo de Lucena Ferraz			
			Name of Person		
			Firm/Company		
		604 Brickell Key Drive, S			
		Miami, FL 33131	Address		
			City/State and Zip Code		
		E-mail address: (to be used for future annual report not	ification)	19
For furth	her information c	oncerning this matter, please c	all:		
Rodrigo	o de Lucena Ferra	az	781 770-0005 at()		_ 3
	Name o	f Person	Area Code Daytin	ne Telephone Number	AM 9:
Enclose	d is a check for th	ne following amount:			: 20
\$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of \$ Certified Copy (additional copy is	tatus &
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Section Division of Corpor Clifton Building 2661 Executive C	on rations	

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIEL LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.19000142644}{1.19000142644}$	y were filed on May 28 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ulity Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	601 Brickell Key Drive, Suite 901	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33131	7 V V V V V V V V V V V V V V V V V V V
		느 날 무권
Enter new mailing address, if applicable:	601 Brickell Key Drive, Suite 901	N 18
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33131	POT S
		9: 20 9: 20
		ONS
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		the name of the r
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent		
New Registered Agent's Signature, it changing Registered Agent		and the annual contain

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 ac or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
*****			Add
			□ Remove
			Change
		🗖 Remove	
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			Change
			Add
			□ Remove
			Change

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
	
	date if other than the date of filing:(optional)
Note: If	e date, if other than the date of filing:
f the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie
b) The 9	Oth day after the record is filed.
1	ine 10 2019
Dated	une 10
	9///
	Signature of a member or authorized representative of a member

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