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## **COVER LETTER**

	egistration Section vision of Corporations	
SUBJECT:	Chaim Global Ally USA LLC	
	Name of Limited Liability Company	
The enclosed	ed Articles of Amendment and fee(s) are submitted for filing.	
Please return	n all correspondence concerning this matter to the following:	
	Angelica Gonzalez Blanco	
	Name of Person	
	Chaim Global Ally USA, L.L.C.	f Status & py
	Firm/Company	
	12962 SW 132 TERRACE	tus &
	Address	
	MIAMI, FL 33186	
	City/State and Zip Code	
	agb@angelicagonzalezblanco.com	
	E-mail address: (to be used for future annual report notification)	
For further i	information concerning this matter, please call:	
Inge	Name of Person at (416) C/OZ3412  Area Code Daytime Telephone Number	
Enclosed is	a check for the following amount:	
<b>≡</b> \$25.00 l	Filing Fee D \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tus &

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

7.5. 17 7. 2:05

Zip Code

Chaim Global Ally, L.L.C.	1
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	vere filed on 07/05/2019 and assigned
Florida document number L19000174384	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)	
The state of the s	
<ol> <li>If amending the registered agent and/or registered office ad gent and/or the new registered office address here:</li> </ol>	dress on our records, enter the name of the new regist
and the state of the address here.	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

## 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.

City

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
AMBR	Rosa Elena Gonzalez	12962 SW 132 Terrace, Miami, FL 33186	<b>∃</b> Add
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ocument's effective	e date on the Departmen	nt of State's records.			
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record specifies a d I is filed.	elayed effective date, o	out not an effective tin	ie, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
July 14 ated		2020	- ·		
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Typed or printed name of signee