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

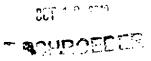




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CHD ICA			Care & Maintenance, LLC		
SUBJF,C	-li.		Name of Lim	ited Liability Company	
The encl	osed	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn a	all correspon	ndence concerning this matter	to the following:	
			Kenny X. Castillo		
				Name of Person	
				Firm/Company	
			5338 NW 197 Terrace		
				Address	
			Miami Gardens, Florida 33	3055	
			k_castillo10@hotmail.com	City/State and Zip Code	
			E-mail address: ()	to be used for future annual report not	ification)
For furthe	er inf	ormation co	oncerning this matter, please ca	all:	
Kenny X	(. Cas	stillo		305 343-5203 o	r 3059821304
		Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclosed	īsa	check for th	e following amount:		
\$25.0	00 Fil	ing 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:

TO:

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 TO ARTICLES OF ORGANIZATION OF

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signation "LLC" or the abbreviation "L.L.C."
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our records, enter the name of the
da street address
File mind o
, Florida 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

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
P	Kenney X. Castillo	5338 NW 197 Terrace	
		Miami Gardens, Florida 33055	
			■ Remove
			☐ Change
P	Kenny X. Castillo	5338 NW 197 Terrace	
		Miami Gardens, Florida 33055	Add
			Remove
			Change
			Remove 19 Change 27
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			Change
			Remove
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X. Castillo also the word Maintanae	e in the company name to Mainte	nance.		
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effective date is listed, the date must be spe e: If the date inserted in this block does	cific and cannot be prior to date of filin	g or more than 90 days after	filing.) Pursu:	int to 605.
ument's effective date on the Departme	ent of State's records.	rining requirements, this	uate will he	t be liste
ecord specifies a delayed effective for the specifies a delayed effective for the record is	tive date, but not an effect filed.	ive time, at 12:01 a	ı.m. on th	e earlie
September 24	2019			
	Worth.			