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2019 SEP -3 ANTI: 39

SEP 1 2 2019

COVER LETTER

TO: Registration Division of Corporations
SUBJECT: Cheinsa Pro LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all opprespondence concerning this matter to the following:
Belkys Gonzalez Name of Person
Firm/Company
1750 NW 107th AUE M409 Address
Sweetwater, FL 33172 City/State and Zip Code Chein Sq. ve agmail. com E-mail address: (to be used by future annual report notification)
For further information concerning this matter, please call:
Belkys Gonzale3 at (786) 420 - 0836 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& \Bigcup \\$55.00 Filing Fee \& \Bigcup \\$60.00 Filing Fee, Certificate of Status \$\Bigcup \\$ (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations B.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

Cheinsa Pro (Name of the Limited Lia	nited Liabil bility Company as it now appears or orda Limited Liability Company)	ity compo	ing		
The Articles of Organization for this Limited Liabilit	y Company were filed on			signed	
This amendment is submitted to amend the following	; :				
A. If amending name, enter the new name of the Cheinsq Pro LLC The new name must be distinguishable and contain the words."			bbreviation "I	L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD	DRESS)		-		<u> </u>
Enter new mailing address, if applicable:			7.65	20113	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>			<u>्</u> र	`\\ ==
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on o	our records, enter	the-name	of the	nev
Name of New Registered Agent:	. <u>-</u> .		Tirri 37		
New Registered Office Address:	Enter Florid	a street address			_
	City	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
MGR	Cherry Nawaez	6877 NW 179th Apt 304	
		Hinlenh, FL 33015	B Kemove
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H6R	Beluys benzalez	1750 NW 107th Aug	_ Z / Add
		H 409 Sweetwater, 7 (3317	Z □ Remove
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	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	ord spec ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear 90th day after the record is filed.	rlier of
Dated _	Aug 29 2019	
	/ MINU).	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00