1/8/2021

Division of Corporations

Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210000101903)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTADORSUNNYISLES.COM INC

Account Number : I20200000118 Phone : (305)260-6958 Fax Number : (786)513-7810

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHAGALL LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

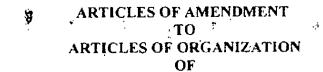
Electronic Filing Menu

Corporate Filing Menu

Help

From: Paloma Duarte

(((H210C0010190 3)))



′)F		
CHAGALL 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	y were filed on 12/16/2019	and assigned	
Florida document number L19000306038			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or th	e abbreviation "L.I. C."	
Enter new principal offices address, if applicable:	, , , , , , , , , , , , , , , , , , ,	e 2	
		2	
(Principal office address MUST BE A STREET ADDRESS)			n
Enter new mailing address, if applicable:		. S	; ;;;
(Mailing oddress MAY BE A POST OF FICE BOX)			ز 9 زست
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B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address on our records, <u>en</u> <u>re:</u>	ter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street oddress		
	, 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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From: Paloma Duarte

(((H21000010190 3)))

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

Page: 4 of 5

<u>Title</u>	Name	Address	Type of Action
AMBR	JARAMILLO LOPEZ, SERASTIAN	6485 COLLINS AVE.	CJ Add
		UN T 36. TOWER 3 OCEANIA	≅ Remove
AMBR SARAMILL	JARAMILLO LOPEZ, LUIS FERNANDO	SUNNY ISLES, FL 33160	☐ Change
		16485 COLLINS AVE.	CI Add
		UNIT 536. TOWER 3 OCEANIA	Remove
		SUNNY ISLES, FL 33160	Change
			D Add
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
			🗆 Remove
			Change
			D Add
			□ Remove
			Change

From: Paloma Duarte

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llianet	ive date, if other than the date of filing: [Extive 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docun	ent's effective date on the Department of State's records.
he re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	JANUARY 8TH . 2021 .
	Signature of a member or authorized representative of a member

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