# L20000030858

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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CHIMI LANDS LLC  Art of Inc. File  LTD Partnership File  Foreign Corp. File  L.C. File  Fictitious Name File  Trade/Service Mark  Merger File  Att. of Amend. File  RA Resignation  Dissolution / Withdrawal  Annual Report / Reinstatement  Cert. Copy  Photo Copy  Certificate of Good Standing  Certificate of Status  Certificate of Fictitious Name  Corp Record Status  Certificate of Fictitious Name  Corp Record Status  Fictitious Search  Fictitious Search  Fictitious Search  Fictitious Owner Search  Driving Record  Which Esearch  Driving Record  UCC 1 or 3 File  UCC II Search  UCC II Retrieval					
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Foreign Corp. File					
L.C. File					LTD Partnership File
Fictitious Name File Trade/Service Mark Merger File Att. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing Certificate of Status Certificate of Fictitious Name Corp Record Search Fictitious Search Fictitious Search Driving Record Requested by: SETH Driving Record UCC 1 or 3 File UCC 11 Search Walk-In Will Pick Up Courier  Vourier Courier Cour			'		Foreign Corp. File
Trade/Service Mark			ļ		L.C. File
Merger File					Fictitious Name File
Ail. of Amend. File				<del> </del>	Trade/Service Mark
RA Resignation   Dissolution / Withdrawal   Annual Report / Reinstatement   Cert. Copy   Photo Copy   Certificate of Good Standing   Certificate of Status   Certificate of Fictitious Name   Corp Record Search   Officer Search   Fictitious Search   Fictitious Search   Fictitious Search   Driving Record   Driving Record   UCC 1 or 3 File   UCC 11 Search   UCC 11 Search   UCC 11 Retrieval					Merger File
Dissolution / Withdrawal     Annual Report / Reinstatement     Cert. Copy     Photo Copy     Certificate of Good Standing     Certificate of Fictitious Name     Corp Record Search     Officer Search     Fictitious Search     Fictitious Owner Search     Vehicle Search     Driving Record     Well Pick Up     UCC 1 or 3 File     UCC 1 Retrieval     UCC 1 Retriev					Art, of Amend, File
Annual Report / Reinstatement  Cert. Copy Photo Copy Certificate of Good Standing Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search Fictitious Owner Search Vehicle Search Driving Record  Requested by: SETH  Date Time  UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval Walk-In Will Pick Up Courier  Certificate of Good Standing Certificate of Fictitious Name  Corp Record Search Fictitious Owner Search UCC 1 or 3 File UCC 11 Retrieval Courier					RA Resignation
Cert. Copy   Photo Copy   Photo Copy   Certificate of Good Standing   Certificate of Status   Certificate of Fictitious Name   Corp Record Search   Officer Search   Fictitious Search   Fictitious Search   Fictitious Owner Search   Vehicle Search   Driving Record   UCC 1 or 3 File   UCC 1 or 3 File   UCC 11 Search   UCC 11 Search   UCC 11 Retrieval   U					Dissolution / Withdrawal
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Officer Search					Certificate of Fictitious Name
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#### **COVER LETTER**

Divis	sion of Corp	porations		
SUBJECT: _	СНІМІ І	LANDS LLC		
		Name of Limi	ted Liability Company	<del></del>
The enclosed	Articles of /	Amendment and fee(s) are subi	mitted for filing.	
Please return a	all correspo	ndence concerning this matter	to the following:	
		JORGE E. SOSA Sr.		
			ent and fee(s) are submitted for filing.  oncerning this matter to the following:  GE E. SOSA Sr.  Name of Person  MI LANDS LLC  Firm/Company  0 SW 157 Ave  Address  MESTEAD FL 33033  City/State and Zip Code  USINESSCARLI@GAMIL.COM  E-mail address: (to be used for future annual report notification)  g this matter, please call:  at (786 ) 2592239  Area Code Daytime Telephone Number  ing amount:  0.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee.	
	Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:  JORGE E. SOSA Sr.  Name of Person  CHIMI LANDS LLC  Firm/Company  28000 SW 157 Ave  Address  HOMESTEAD FL 33033  City/State and Zip Code  MYBUSINESSCARLI@GAMIL.COM  E-mail address: (to be used for future annual report notification)  formation concerning this matter, please call:  DSA Sr.  Name of Person  at (786) Area Code  Daytime Telephone Number  check for the following amount:  ting Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy Certificate of Status & Certified Copy			
			s) are submitted for filing.  A Sr.  Name of Person  LLC  Firm/Company  Address  FL 33033  City/State and Zip Code  ARLI@GAMIL.COM  I address: (to be used for future annual report notification)  r, please call:	
	Name of Limited Liability Company  neclosed Articles of Amendment and fee(s) are submitted for filing.  return all correspondence concerning this matter to the following:  JORGE E. SOSA Sr.  Name of Person  CHIMI LANDS LLC  Firm/Company  28000 SW 157 Ave  Address  HOMESTEAD FL 33033  City/State and Zip Code  MYBUSINESSCARLI@GAMIL.COM  E-mail address: (to be used for future annual report notification)  arther information concerning this matter, please call:  GE E. SOSA Sr.  Name of Person  Area Code  Daytime Telephone Number  seed is a check for the following amount:  25.00 Filing Fee  Certificate of Status  Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)			
			Name of Limited Liability Company  and fee(s) are submitted for filing.  Serning this matter to the following:  E. SOSA Sr.  Name of Person  LANDS LLC  Firm/Company  SW 157 Ave  Address  STEAD FL 33033  City/State and Zip Code  INESSCARLI@GAMIL.COM  E-mail address: (to be used for future annual report notification)  is matter, please call:	
		HOMESTEAD FL 33033		
			City/State and Zip Code	
		<del>-</del>		
		E-mail address: (1	to be used for future annual report notific	ation)
For further in	formation co	oncerning this matter, please ca	all:	
JORGE E. SC	OSA Sr.			
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
<b>\$</b> 25.00 Fi	ling Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

Registration Section

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

20100 21 1010131

CHIMI LANDS LLC				
(Name of the Lim	(A Florida Limited	any as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited	Liability Company	were filed on 01/3	1/2020 and assigned	
Florida document number L20000030858			<u> </u>	
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company here	<u>2</u> :	
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the des	ignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		28000 SW 157 Ave HOMESTEAD FL 33033		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	28000 SW 157 Av	ve HOMESTEAD FL 33033	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	Vor registered of office address here JORGE E. SOS	<u>e</u> :	our records, enter the name of the	
	28000 SW 157	Ave		
New Registered Office Address:			t street address	
	HOMESTEAD		, Florida 33033	
		Ciry	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

'YEM

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>	<u>Address</u>	2377 00 01 -	Type of Action
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fective date, if other than the date of an effective date is listed, the date must be specifote:  If the date inserted in this block does becament's effective date on the Departmen	not meet me appn	cable statutory iii	(opt nore than 90 days after ng requirements, th	ional) r filing.) Pursua is date will no	nt to 605,0; t be listed
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