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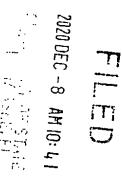
(Re	equestor's Name)	
(Ad	dress)	·
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(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	-



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09/17/20--01018--007 ++25.00

12/01/20--01034--007 ++25.00



Office Use Only

COVER LETTER

	Registration Se Division of Cor			
CHINICO	Lifestyle E:	xpressions LLC	•	
SUBJEC	1; 	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fcc(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Kathleen M. Casey		
			Name of Person	
			Firm/Company	_
		846 N.E. 34th Street		
			Address	
		Oakland Park, FL 33334		
			City/State and Zip Code	
		kmcocean@gmail.com		 _
For furthe	er information c	e-mait address: (to be used for future annual report notified	ition)
Kathleen	M. Casey		954 444-1432 at ()	
	Name o	f Person	Area Code Daytime T	elephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	00 Filing 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 Addres Registration S		Street Address: Registration Secti	on
]	Division of C	Corporations	Division of Corpo	orations
	P.O. Box 632 Tallahassee, I		The Centre of Tal 2415 N. Monroe S	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Li (A Fl	ability Company	as it now appears on o	our records.)		
(A FI	orida Limited Liab	ility Company)			
The Articles of Organization for this Limited Liabili	ty Company we	re filed onO \(9	110/2020)_ and a	ssigned
Florida document number <u>L 2000010</u>	1243				
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	limited liabilit	y company here:			
The new name must be distinguishable and contain the words.	D5 Limited Liability	Company," the designa	tion "LLC" or the abb	reviation "	IIC,"
Enter new principal offices address, if applicable:		n/a_			
(Principal office address MUST BE A STREET AL	DDRESS)			- 150	
	_			020	
			•	DEC	
Enter new mailing address, if applicable:	_	n/a	<u> </u>		7
Mailing address MAY BE A POST OFFICE BOX	2 _		<u>့</u> ပင်င		[7]
	_		र्गिक	0	<u> </u>
					
B. If amending the registered agent and/or regist		ress on our record	ls, <u>enter the name</u>	of the n	<u>ew registered</u>
agent and/or the new registered office address he	<u>re</u> :				
None of Non-Designand Agent	n la				
Name of New Registered Agent:	1//				
New Registered Office Address:	h/a	<u> </u>			
	Enter Florida street address				
	Florida		Zip Cod		
Your Designated Assent's Signature of sharming Design	6	CIŲ		zip Cou	r
New Registered Agent's Signature, if changing Regis					
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper ar accept the obligations of my position as registere	id co <mark>mplete</mark> pe	rformance of my a	luties, and I am fa	miliar w	rith and
being filed to merely reflect a change in the regis		dress. I hereby co	nfirm that the limi	ted liab	ility
company has been notified in writing of this char	ige.				

n/A
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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			□Change
			□Remove
			Change Change DAdd □ Add
			E □ Remove Remove □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
			□Add
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etive date, if other than the date of fili effective date is listed, the date must be specific a e: If the date inserted in this block does not ument's effective date on the Department of	nd cannot be prior to d meet the applicable			.) Pursuant to 60
ord specifies a delayed effective date, but notified.	ot an effective time.	, at 12:01 a.m. on the	earlier of: (b) Tl	ne 90th day afi
ed November 16, 20	0.20	1/1	/ V	
	\hookrightarrow			
	a member or authorize	ed representative of a n	nember	