LZULL 167978

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COVER LETTER

TO:

Registration Section

Division of Cor	rporations		
CHIDARYANT	EBATATA LLC		
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CHRISTIAN BENITEZ		
		Name of Person	-
	FRESCO & BATATA LL	С	
		Firm/Company	
	3479 NE 163RD ST # 104	4	
	·	Address	
	NORTH MIAMI BEACH	. FL 33160	
		City/State and Zip Code	
	FRESCOYBATATALLC@	GMAIL.COM	
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
JOEL J CASTILLO		786 224-9886	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	nution
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632	.7	The Centre of	
Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FRESCO & BATATA LLC

company has been notified in writing of this change.

200 - 200 1:40

The Articles of Organization for this Limited I Florida document number L20000167978		re filed on <u>06/17/2020</u>	and assigned	
This amendment is submitted to amend the fol	llowing:			
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 "Limited Liability	Company," the designation	1 "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	icable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
	_			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address agent and/or the New Registered Agent:	registered office add		enter the name of the new registere	
New Registered Office Address:	2735 W 61ST PLA	CE # 202		
	Enter Florida street address			
	HIALEAH		, Florida 33016 Zip Code	
		City	Zip Code	
New Registered Agent's Signature, if changing				
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg	per and complete per	formance of my duti	es, and I am familiar with and	

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

If Changing Registered Agent, Agnature 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	JOEL J CASTILLO	2735 W 61ST PLACE #202, HIALEAH, FL 33016	= Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			□ Change

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ffecti	e date, if other than the date of filing: (optional)
f an effe Note:	etive 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 ant's effective date on the Department of State's records.
d is file	
Dated _	07/24/2020
	Tent
	Signature of a member of authorized representance of a member

Typed or printed name of signee