

# L20000169680

Florida Department of State  
Division of Corporations  
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Division of Corporations  
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Account Number : I20020000087  
Phone : (954)389-1333  
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHINGON GROUP, LLC

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**COVER LETTER**

((H21000361217 3)))

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CHINGON GROUP, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIELLA SANTANA

\_\_\_\_\_  
Name of Person

SALVER&COOK LLP

\_\_\_\_\_  
Firm/Company

2721 EXECUTIVE PARK DR STE 4

\_\_\_\_\_  
Address

WESTON, FL 33331

\_\_\_\_\_  
City/State and Zip Code

D.SANTANA@PSCCPAS.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIELLA SANTANA

954 389-1333  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

(((H21000361217 3)))

CHINGON GROUP, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/18/2020 and assigned  
Florida document number L20000169680.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

237 South Dixie Hwy. 4 Floor, Suite 433

(Principal office address MUST BE A STREET ADDRESS)

Coral Gables, FL. 33133

Enter new mailing address, if applicable:

237 South Dixie Hwy. 4 Floor, Suite 433

(Mailing address MAY BE A POST OFFICE BOX)

Coral Gables, FL. 33133

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

SALVER & COOK LLP

New Registered Office Address:

2721 EXECUTIVE PARK DR STE 4

*Enter Florida street address*

WESTON

*City*

Florida 33331

*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

(((H21000361217 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: (((H21000361217 3)))

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	QUINTANA VALLEDOR, CLAU	237 South Dixie Hwy. 4 Floor, Suite 433	<input type="checkbox"/> Add
		Coral Gables, FL 33133	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	TOVAR PULIDO, CARLOS	237 South Dixie Hwy. 4 Floor, Suite 433	<input type="checkbox"/> Add
		Coral Gables, FL 33133	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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(If an effective 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 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

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