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(Re	questor's Name)		
(Ad	dress)		
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(Cit	y/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	e)	
(Do	cument Number)		
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2020 SEP 17 PH 5:56

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COVER LETTER

	Chevals Gro	oups L.LC.		**		
SUBJECT	:	Name of Limited Liability Company				
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please retu	m all correspo	ndence concerning this matter	to the following:			
		Chadwich Chevalier				
			Name of Person			
		Chevals Groups L.L.C.				
			Firm/Company			
		11830 SW 25 CT				
						
		Miramar/Florida 33025				
		chad@chevalsgroups.com	City/State and Zip Code			
		E-mail address:	to be used for future annual report notification)		
For further	information c	oncerning this matter, please c	all:	2020 SEP SECALTA		
Chadwich	Chevalier		305 926-8935 at ()			
	Name o	f Person	Area Code Daytime Telep	hone Number		
Enclosed is	s a check for th	ne following amount:		E 5		
■ \$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chevals Groups L.L.C.		
(<u>Name of the Limited Liability</u> (A Florida)	Company as it now appears on our rec Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Co	mpany were filed on 09/02/2020	and assigned
	- '	
his amendment is submitted to amend the following: 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 "L.L.C." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable:		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	ESS)	
		202
		AS S I
Enter new mailing address, if applicable:		(Co. (1) 10 10 10 10 10 10 10 10 10 10 10 10 10
Mailing address MAY BE A POST OFFICE BOX)		4 20
		<u> </u>
	office address on our records, en	ter the name of the new register
generalization the new registered office address fiere.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		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

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	Chadwich Chevalier	11830 SW 25 CT Miramar FL 33023	= Add
			□Remove
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D. If amending any other inform	mation, enter ch	nange(s) here:	(Attach additie	onal sheets, if n	ecessary.)	
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Effective data if ather than t	the data of filing			(nr	ational)	
E. Effective date, if other than to (If an effective date is listed, the date is very lifethey date invested in this	must be specific and	cannot be prior to	date of filing or m	nore than 90 days a	fter filing.) Pursuar	nt to 605,0207 (3)
Note: If the date inserted in this document's effective date on the	e Department of S	tate's records.	e statutory min	ig requirements,	tris date will not	be fisied as the
f the record specifies a delayed effect ecord is filed.	ctive date, but not	an effective time	e, at 12:01 a.m.	on the earlier of:	(b) The 90th d	ay after the
Dated 09-14		2020				
	U,	$\overline{}$	\ .			
	Signature of a n	nembel or authoriz	red representative	of a member	·	
Chadwich Chevalier						
——————————————————————————————————————		Typed or printed	name of signee			

Filing Fac: \$25.00