## L20 000 280 245

(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
		:

Office Use Only



500353755395

10/19/20--01015--013 \*\*25.00

11/23/20 SH

2020 OCT 19 PM 4: 16

## **COVER LETTER**

TO: Registration Section Division of Corporation				. ,
( ) - s	-1 Va. 11	C.		
SUBJECT:	Ola Vine Ll Name of Limit	ed Liability Company		<del></del>
	,			
The enclosed Articles of Arr	nendment and fee(s) are subm	nitted for filing.		
Please return all corresponde	ence concerning this matter to	the following:		
	Μ;	Chael Be	ntz	
		Name of Person		
			1 2	
	Chir	Firm/Company	LC_	
		rimeCompany		
	1317 Euge	water Dr.	# 2819	
		Address		
	<b>.</b>	1 220211		
	Orlando, F	City/State and Zip Code		J
		•		
-	E-mail address: (to	to be used for future annual re	port notification)	<u>,                                     </u>
For further information conc	erning this matter, please cal	II:		
Baquel Be	inte	at ( <u>786</u> )	916-90	<u> ४७</u>
Name of Pe	erson	Area Code	Daytime Telepho	ne Number
Enclosed is a check for the f	ollowing amount:			
/	S30.00 Filing Fee &	☐ \$55.00 Filing Fee &	П	\$60.00 Filing Fee.
uz \$25.00 timig tee	Certificate of Status	Certified Copy		Certificate of Status &
		(additional copy is enclo	osed)	Certified Copy (additional copy is enclosed)
Mailing Address:		Street Ado	dress:	
Registration Sec	tion	Registra	tion Section	
Division of Corp	porations		of Corporation	
P.O. Box 6327	22214		tre of Tallahas	
Tallahassee, FL	32314	2410 IN.	Monroe Street	, Suite of the

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chinola Vm.	e LLC	
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2000 280 245</u> .  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab	bility company here:	MODIOCT 19 PH
The new name must be distinguishable and contain the words "Limited Liab		r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1317 Edgemete Orlando, FL 32	r Dr. #2849
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32	804
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1317 Edgemeter Orlando, FL 3:	Dr. # 2819 2804
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	e name of the new registered
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida street address	
	, Florid	da
	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
			□Add
			Remove
			Change
			□ Change □ Remove □ □ Change
			P
			□Remove
			Change
			□Remove
			Change
			□ Add
			□Remove
			Change
	<del></del>		
		·	□Remove
			□ Change

. II ame	For the Authorized Member Julinel Benoome
	her address is missing the apartment number
	Her full quotess is 3425 SW 2nd Ave Apt. 148
	Gunesville, PL 32607
	CT - T
	7 P
_	5
_	
_	· · · · · · · · · · · · · · · · · · ·
_	
_	
_	
If an effect Note: I	tive date, if other than the date of filing:
e record rd is file	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 d.
Dated _	October 15 . 2020.
	Signature of a member or authorized representative of a member
	Fryd or printed name of signee

Filing Fee: \$25.00