LZO 000310793

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



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12/21/20

COVER LETTER

TO: Registration Se Division of Cor			
	CHISING GROUP, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	Name of Limited Liability Company I fee(s) are submitted for filing. Ing this matter to the following: el, Esq. Name of Person iel, PLLC Fimt/Company as Rd, Ste. 502 Address s. FL 33134 City/State and Zip Code asaltiellaw.com -mail address: (to be used for future annual report notification) natter, please call: at (
Please return all correspo	ndence concerning this matter	to the following:	
	Moises Saltiel, Esq.		
		Name of Person	
	Leon & Saltiel, PLLC		
		Firm/Company	
	2600 Douglas Rd, Stc. 502		
		Address	
	Coral Gables, FL 33134		
		City/State and Zip Code	.
	moises@leonsaltiellaw.com		
For further information c	E-mail address: (oncerning this matter, please o	·	ification)
Moises Saltiel			
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration 9		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	.7	The Centre of	Tallahassee
Tallahassec,	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

it now appears on our records.) ty Company)	_ _
filed on October 1st, 2020	and assigned
company here:	
ompany," the designation "LLC" or the a	bbreviation "L.L.C."
<u> </u>	
	
	2
ess on our records, <u>enter the nar</u>	ne of the new registe
Enter Florida street address	
*** · -	
, Florida	Zip Code
	, Florida

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 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>	Name	Address	Type of Action
MGR	Rafael Cedeño	999 Brickel Ave, Ste 610	□Add
		Miami. FL 33131	■Remove
			□Change
MGR	Rafael Cedeno	999 Brickel Ave, Ste 610	∃ ∧dd
		Miami, FL 33131	Remove
			O Change
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			-5]Remove
			□Change
			DAdd
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Effective date, if	other than the	date of filing	November 1	<u> </u>		(optional)		
If an effective date is I	nserted in this bl	łock does not n	neet the applica					
				. 12.01	a e	6 (L) TI	he 90th day at	fter the
document's effection	delayed effectiv	e date, but not	an effective tir	ne, at 12:01 a.n	n. on the earlie	roi: (b) II		
document's effective record specifies a rd is filed. Dated November 1		ve date, but not	2020		i. on the earlic	r 61. (b) 11		
document's effective record specifies a rd is filed.		1 Sku	2020 Olive	rized representati				

Filing Fee: \$25.00