

JUL/08/2021/THU 06:47 PM GLOBAL ACCOUNTING

FAX No. 7867622589

P. 001

7/8/2021

Division of Corporations

# 210002647263

L200000367955

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H210002647263)))



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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : GLOBAL ACCOUNTING AND TAX PROFESSIONAL CORP  
Account Number : I20140000098  
Phone : (786)372-1391  
Fax Number : (786)762-2589

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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2021 JUL -9 AM 11:57

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BB  
7/12/21

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

4210002647263

C H A L E C O 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 11/20/2020 and assigned  
Florida document number L20000367955

This amendment is submitted to amend the following:

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

N / A

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

Enter new principal offices address, if applicable:

N / A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N / A

(Mailing address MAY BE A POST OFFICE BOX)

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**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:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, **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

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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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MOLINA, SURELY	7500 NW 25TH STREET	<input type="checkbox"/> Add
		SUITE 246	<input checked="" type="checkbox"/> Remove
		MIAMI FL 33122	<input type="checkbox"/> Change
AMBR	ARTAZA, LUCAS	7500 NW 25TH STREET	<input type="checkbox"/> Add
		SUITE 246	<input checked="" type="checkbox"/> Remove
		MIAMI FL 3122	<input type="checkbox"/> Change
MGR	MALMIERCA, PATRICIO	7500 NW 25TH STREET	<input checked="" type="checkbox"/> Add
		SUITE 246	<input type="checkbox"/> Remove
		MIAMI FL 33122	<input type="checkbox"/> Change
AMBR	ARTAZA, CRISTIAN	7500 NW 25TH STREET	<input type="checkbox"/> Add
		SUITE 246	<input checked="" type="checkbox"/> Remove
		MIAMI FL 33122	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<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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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated JULY 8TH 2021

Signature of a member or authorized representative of a member

LUCAS ARTEAZA  
Typed or printed name of signer

#210002647263