L21000118623

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COVER LETTER

TO: Registration S Division of Co			
CHIEN ESCAPE	IER TRADITION LLC		
SUBJECT:	Name of Lin	nited Liability Company	_
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	KATERINE GANTIER		
		Name of Person	
	SAN JAVIER TRADITIC	ON LLC	
		Firm/Company	
	4500 SW 62 AVENUE	ADITION LLC Name of Limited Liability Company Iment and fee(s) are submitted for filing. e concerning this matter to the following: ATERINE GANTIER Name of Person AN JAVIER TRADITION LLC Firm/Company 00 SW 62 AVENUE Address IAMI. FL 33155 City/State and Zip Code TE@VIAMIAMI.COM E-mail address: (to be used for future annual report notification) ing this matter, please call:	
	MIAMI, FL 33155		
	V 4 775 G V 1 4 4 4 4 4 G G V 4		
			
For further information of	concerning this matter, please c	all:	
Kate Gantier			
Name o	of Person	Area Code Daytime Telephone Nu	ımber
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	tificate of Status & ified Copy
Mailing Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Registration Section Division of Corporations	ite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAN JAVIER TRADITION LLC

21 MAY 10 PR 3: 17

(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 w	vere filed on March 7, 2021	and assigned
Florida document number L21000118623		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	_	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	idress on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floi	rida Zip Code
	Cit.	гір Соле
New Registered Agent's Signature, if changing Registered Agent:		

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 21 May 10 Pff :	3: 7 _{Type of Action}
VP	Maria T. Ason	4500 SW 62 Ave, Miami, FL 33155	🖬 Add
			□Remove
			□Change
P	KATERINE GANTIER		□Add
			Remove
		4500 SW 62 Ave, Miami. FL 33155	Change
			□Add
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ctive date, if other than the date effective date is listed, the date must be set. If the date inserted in this block of	pecific and cannot be prior to date	(option of filing or more than 90 days after facturory filing requirements, this	ling.) Pursuant to 605.02
iment's effective date on the Depart		, ,	
ord specifies a delayed effective dat filed.	e, but not an effective time, at	12:01 a.m. on the earlier of: (b)	The 90th day after the
April 28	2027		
~	1/1/11/1		
	nyre of thember or authorized r		