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(((H22000124160 3)))



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Phone : (954)334-2250
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K. SALY APR - 6 2022

Tallahassee, FL 32314

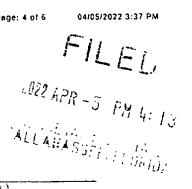
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(((H22000124160 3))) **COVER LETTER**

	egistration Sec vision of Corp						
eun teen		RLANDO, LLC					
SUBJECT	:	Name of Limit	ed Liability Company				
The enclose	ed Articles of 7	Amendment and fee(s) are subn	nitted for filing.				
Please retu	m all correspor	ndence concerning this matter t	o the following:				
		Benjamin E. Olive, Esq.					
			Name of Person				
		Olive Judd, P.A.					
			Firm/Company				
		2426 East Las Olas Boulev	ard				
			Address				
		Fort Lauderdale, FL 33301					
			City/State and Zip Code				
		bolive@olivejudd.com	o he used for future annual rep	act natification)			
For further	r information c	oncerning this matter, please or		on taxinessory			
Benjamin	E. Olive		954 334-2	250			
1	Name o	f Person	Area Code	Daytime Telephone Number			
Enclosed i	s a check for th	ne following amount:					
€ \$25.00	0 Filing Fee	S30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address:		Street Add					
	Registration : Division of C			Registration Section Division of Corporations			
F	P.O. Box 632	27		e of Tallahassee			
[]	l'allahassee,	FL 32314	2415 N. N	Monroe Street, Suite 810			

Tallahassee, FL 32303

(((H22000124160 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CHIMA ORLANDO, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	03/24/2021	and againmed
The Articles of Organization for this Limited Liability Company were Florida document numberL21000121893	med on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability c	ompany here:	
The new name must be distinguishable and contain the words "Limited Liability Con-	mpany," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(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 address agent and/or the new registered office address here:	ess on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:	_	
New Registered Office Address:	Enter Florida street add	fress
		Florida
	City	FloridaZip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perfaceept the obligations of my position as registered agent as provibeing filed to merely reflect a change in the registered office additionable company has been notified in writing of this change.	formance of my duties, Ided for in Chapter 60	, and I am familiar with and 15, F.S. Or, if this document is

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

<u>Title</u>	Name	Address	Type of Action
AMBR	AGUSTO SOMORO	1770 NW 64TH ST, SUITE 400	
		FORT LAUDERDALE, FL 33309	■Remove
			Change
MGR	AUGUSTO SOMORA	1770 NW 64TH ST, SUITE 400	≅ Adđ
		FORT LAUDERDALE, FL 33309	□Remove
			Change
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			DChange
			- Change
			Remove
			☐ Change
			🗆 Add
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effective date is listed, the date: If the date inserted in	ite must be specific and this block does not m	cannot be prior	r to date of filing c able statutory f	or more than 90 days iling requirements	s this date will n	ot be listed a
nument's effective date on	the Department of S	tate's records		5 1		
			1			
cord specifies a delayed e	ffective date, but not	an effective t	ime, at 12:01 a.	m. on the earlier o	of: (b) The 90th	day after th
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1	April 5	2022	1			
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			, ~	tive of a member		