## L21000199204

(Requestor's Name)
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21 JUN 17 PH 1: 08

## COVER LETTER

TO:

TO: Registration Se Division of Cor			
~~ In 10 cm	A 2J ChowTime	11.0	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Reig	Name of Person	
		, tanis of 1 stoon	
		8J ChowTime LLC Firm/Company	
	1163 PA	metto RoAd	
		Address	
	Haverhill,	FL 33417 City/State and Zip Code	
	E-mail address: Y	OSA82 Egmail. com	fication)
For further information c	oncerning this matter, please ca		·
Re1905A	Alexander	at ( <u>S61</u> ) 310 90 Area Code Daytin	092
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
₩ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Co	
P.O. Box 632	.7	The Centre of	Γallahassee
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A8J C	howTime LLC	21 JUN 17 PM 1: 08
(Name of the Limited (A	Liability Company as it now appears on Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab Florida document number <u>L 2100019</u> 9704	ility Company were filed on0°	4/29/2021 and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO		
(Mulling unuress MAT BE AT 051 OF FICE BO		
B. If amending the registered agent and/or regi agent and/or the new registered office address h		rds, enter the name of the new registere
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 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 = A	uthorized Member	• • •	
<u>Title</u>	Name	Address 21 JUN 17 PH 1:08	Type of Action
AMBR	TORRES, JASMINE	2981 NW 292H street	[EAdd
		MIAMI, FL 33142	□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

_	Please update The Company informations with the EIN 86-3733327
_	86-3)33327
_	
_	
_	
_	
_	
_	
(If an effective Note: I	re date, if other than the date of filing:
he record ord 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 _	May 25, 2021
	Signature of a member of authorized representative of a member
	Alex Ander RelaoSA  Typed or printed name of signee

T'' T . 635.00