h21000284266

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21 JUL 16 FM D: 18

COVER LETTER

TO: Registration Division of C					
CHONIS	ALLIANCE LLC				
SUBJECT:	Name of Lim	nited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	LEONEL A ROSSO MAY	ro			
		Name of Person			
	CHONIS ALLIANCE LL	С			
		Firm/Company	· 		
		Address			
	ORLANDO, FLORIDA 3	2821			
		City/State and Zip Code			
	-	SSCONSULTINGLLC.COM			
	E-mail address: (to be used for future annual report not	ification)		
For further information	r concerning this matter, please c	સાં			
GUSTAVO CASTILI	O CHAPARRO	786 6316973			
Name	e of Person		ne Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25 00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed.		
<u>Mailing Addi</u> Registration		<u>Street Address:</u> Registration Se	ection		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

OF

CHONIS ALLIANCE LLC

21 JUL 16 PH12: 18

(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 Compa	my were filed on JUNE 18,	and assigned
Florida document number L21000284266		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
		·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	ce address on our records	enter the name of the new registered
agent and/or the new registered office address here:	ce address on our records,	Cites the mane of the new (Clistere)
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		_, Florida
	Cuy	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. Thereby 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

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11.	 16 PH12:	18

<u>Title</u>	Name	Address 21 JUL 16 Title	Type of Action
MGR	Gustavo A Castillo Chaparro	8131 VINELAND AVE SUITE 226	
		ORLANDO, FLORIDA 32821	□Remove
			□Change
			□Add
			□Remove
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n effective date is listed, the date must te: If the date inscrted in this bl	date of filing: st be specific and cannot be prior to date lock does not meet the applicable st	of filing or more than 90 days af	er filing.) Pursuant to 605.0207
cument's effective date on the D	epartment of State's records.		
ecord specifies a delayed effectivis filed.	e date, but not an effective time, at	12:01 a.m. on the earlier of:	(b) The 90th day after the
ted	2021		
Sweet,			
 	Signature of a member or authorized	epresentative of a member	

Typed or printed name of signee