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C. BRUMBLEY
JAN - 4 2022

COVER LETTER

Registration Section

TO:

Divis	ion of Cor	porations		
	CHI CHI'S	CORNER, LLC		
SUBJECT: _		Name of Lim	ited Liability Company	· .
				,
The enclosed a	Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return a	all correspo	ndence concerning this matter	to the following:	
		Juliet Akaji		
			Name of Person	
		CHI CHI'S CORNER, LLC	C .	
			Firm/Company	
		5083 SW 88TH ST		
			Address	
		OCALA, FL 34476		
			City/State and Zip Code	· · · · · · ·
		quick.accuratebooks@gmai		
Var further inf	ormation c	E-mail address: (oncerning this matter, please c	to be used for future annual repo	ort notification)
		meeting this maker, please c		
Widelie Chery			386 341-00 at ()	
	Name of	「Person	Area Code I	Daytime Telephone Number
Enclosed is a c	check for th	e following amount:		
■ \$ 25.00 Fil	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy (additional copy is enclosed)
Regi	ng Address stration S	Section	Street Addr Registratio	on Section
	Sion of Co Box 632	orporations 7		f Corporations e of Tallahassee
Talla	ahassee, F	FL 32314	2415 N. M	lonroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHI CHI'S CORNER, 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 12/01/2021 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CHI CHI'S KORNER, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 5083 SW 88TH ST OCALA, FL 34476 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 5083 SW 88TH ST **OCALA, FL 34476** 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 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

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.

City

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	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			Change
			□Add
		 ,	Change
			□Change
			
			□Remove
			□Change
			□Add
			□Remove
			□ Change

Effective date, if other than the date of filing:
e 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 rd is filed.
Dated
Signature of a member or authorized representative of a member
Tulet AKaJa Typed or printed name of signee

Filing Fee: \$25.00