

L22 000 238 591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

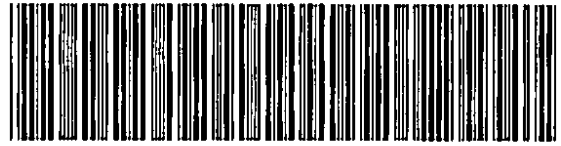
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22 SEP 12 AM 10:31

RECEIVED
DIVISION OF CORPORATE AFFAIRS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHOBE PIZZA LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEAN KINGSTON

Name of Person

D&S MANAGEMENT SERVICES INC

Firm/Company

9116 GRIFFIN RD

Address

COOPER CITY, FL 33328

City/State and Zip Code

DEAN@DSCPAFL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEAN KINGSTON

954

680-7759 EXT 230

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

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

Street Address:

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

22 SEP 12 AM 10:31

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CHOBE PIZZA 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 05/23/22 and assigned
Florida document number L22000238591.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

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

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 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>	<u>Address</u>	<u>Type of Action</u>
AR	CARLOS MEJICANOS	10617 NW 32ND PL	<input checked="" type="checkbox"/> Add
		SUNRISE, FL 33351	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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22 SEP 12 AM 10:31
DIVISION OF THE
RECORDS
MANAGEMENT
SECTION

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

22 SEP 12 AM 10:31

Division of Corporations & Statewide Elections

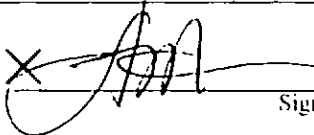
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated SEPTEMBER 07 2022



Signature of a member or authorized representative of a member

ANDREA MEJICANOS

Typed or printed name of signee

Mayra Jerez Mejicanos
10617 NW 32nd Pl (054) 798-1877
Sunrise, FL 33351

1163

63-27,631 FL
875

9/6/2022

Pay to the Order of Florida Department of States 25 -
Twenty Five Dollars

Bank of America

ACH R/T 003100277

CHRE PIZZA

for 422000238591

[Signature]

⑆063100277⑆ 2290113691420⑆1163