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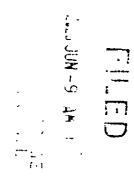
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor			
	HALITA WYNWOOD LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARCO BARDONE		
		Name of Person	···
	CHALA CHALITA WYN	WOOD	
	·	Firm/Company	
	462 RIDGEWOOD RD		
		Address	
	MAIMI, FLORIDA, 3314	9	
		City/State and Zip Code	
	info@chalaholding.com	to be used for future annual report no	
For further information of	encerning this matter, please c	<u>.</u>	uncauon)
Marco Bardone		786 4434075	
Name o	f Person		me Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address: Registration S	ection
Registration : Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHALA CHALITA WYNWWOD LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our reco Liability Company)	rds.)
he Articles of Organization for this Limited Liability Company	were filed on 11/03/2022	and assigned
lorida document number L22000450613		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
CHALA GIRALDA LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LI	.C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		_
Principal office address MUST BE A STREET ADDRESS)		
incipal office agaress most DE A STREET ADDRESS		2 1
		1
		<u> </u>
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>ente</u>	er the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	r.ss
	Cin [,]	Florida Zip Code
	Viņ.	Lip Cinii

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
		·	□Remove
			□Change
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			□Remove
			□Change

		 	
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Effective date, if other than the If an effective date is listed, the date me Note: If the date inserted in this be	block does not meet the application	to date of filing or more than 90 of the statutory filing requirem	(optional) lays after tiling.) Pursuant to 605.02 ents, this date will not be listed
document's effective date on the I			
e record specifies a delayed effecti	ve date, but not an effective tir	me, at 12:01 a.m. on the earli	er of: (b) The 90th day after th
ne record specifies a delayed effecti ord is filed.		me, at 12:01 a.m. on the earli	er of: (b) The 90th day after th
ne record specifies a delayed effection of is filed. Dated JUNE 5		·	

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