

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filling Officer:

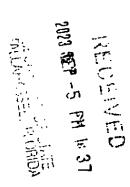
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FILED
2023 SEP -5 PM 4: 27





COVER LETTER

Registration Section Division of Corporations

TO:

INVERSIO SUBJECT:	NES CHAPARDY LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	MARIMAR CASUCHI		
		Name of Person	
	INVERSIONES CHAPAR	RDY LLC	
		Firm/Company	
	5252 NW 85TH AVE APT	Γ 1107	
		Address	
	DORAL, FL 33166		
		City/State and Zip Code	
	USTUEMPRESA@GMAII	COM	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
MARIMAR CASUCHI		786 849-9937 at ()	
Name o	f Person	Area Code Daytim	e 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 9 Division of C P.O. Box 632 Tallahassee, 1	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVERSIONES CHAPARDY LLC			
(Name of the Limit	ed Liability Company as it now appea (A Florida Limited Liability Company)	urs on our records.)	
The Articles of Organization for this Limited L	iability Company were filed on $\frac{1}{2}$	1/16/2022 and assigned	
Florida document number L22000491629	·		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	f the limited liability company h	iere:	
NA			
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the	designation "L.L.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	able: NA		
(Principal office address MUST BE A STREE	T ADDRESS)	2023 SE	
Enter new mailing address, if applicable:	NA	EFARY OF THE TANK	
(Mailing address MAY BE A POST OFFICE	<u></u>	L: 27	
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:		records, <u>enter the name of the new regi</u> s	
Name of New Registered Agent.			
New Registered Office Address:	1530 SW 109TH AVE APT 107	orida street address	
		Florida 33025	
	PEMBROKE PINES	CODS	

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.

Francisco Garcia
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
AMBR	MARIMAR CASUCHI	5252 NW 85TH AVE APT 1107	
		DORAL, FL 33166	■Remove
			□Change
AMBR	EUARDO CHAPARDY	5252 NW 85TH AVE APT 1107	□Add
		DORAL, FL 33166	■Remove
			□Change
MGR	FRANCISCO J GARCIA	1530 SW 109TH AVE APT 107	■Add
		PEMBROKE PINES, FL 33025	□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
NA	NA 	NA	□Add
			□Remove
			□Change
NA	NA	NA	□Add
			□Remove
			□Change
NA ———	NA	NA	□Add
			Remove

NA			
11-2-1-1			<u> </u>
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	A.T.A.		
ective date, if other than the date i effective date is listed, the date must be s	e of filing:	(optional)
reffective date is listed, the date must be s te: If the date inserted in this block of	pecific and cannot be prior to date loes not meet the applicable st	of filing or more than 90 days atutory filing requirement	after filing.) Pursuant to 605.0207 s, this date will not be listed as
cument's effective date on the Depart		, , ,	
cord specifies a delayed effective dat	e, but not an effective time, at	12:01 a.m. on the earlier of	of: (b) The 90th day after the
s filed.			
SEPTEMBER OATH	2023		
ed SEPTEMBER 04TH	··		
	701 : 0		
Sion	Marimar C ature of a member or authorized r	asuchu	
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રાહા	and the most of admoneter	epresentative of a memori	