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SECRETARY OF STATE

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	JACKO RI	ENZA LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
		JACK OLIVEROS	
		Name of Person	
		JACKO RENZA LLC	
		Firm/Company	-
		6901 SW 147 TH AVE	
		Address	
	,	MAME FLORIDA 33193	
		City/State and Zip Code	
		jackorenza@gmail.com	
	E-mail address: (to be used for future annual report no	tification)
or further information c	oncerning this matter, please c	all:	
IACK OLIVEROS			91-8037
Name o	f Person	at () Area Code Dayti	me 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 Address Registration 5 Division of C P.O. Box 632	Section Corporations	Street Address: Registration S Division of Co The Centre of	orporations
Tallahassee,	FL 32314	2415 N. Monr Tallahassee, F	oe Street, Suite 810 L 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JACKO RENZA I	LLC		
(Name of the Limited Liability Comp. (A Florida Limited	tny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000166300</u> .	were filed on	04/03/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liah	oility company her	<u>e</u> :	
CHOCOLATTTEAR LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the des	ignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			20 2
(Principal office address MUST BE A STREET ADDRESS)			CRETA
	·		A 70
			ARY AS
Enter new mailing address, if applicable:			SER OF
(Mailing address MAY BE A POST OFFICE BON)			E. F. 3
			35 LE
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our red	ords, <u>enter th</u> e <u>nan</u>	ne <u>of t</u> he new registered
New Registered Office Address:	Enter Floria	la sireet address	
		Florida	
	Ciry	Piorida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of n provided for in Cl	ny duties, and I am napter 605, F.S. Or	familiar with and if this document is
If Cha	nging Registered Ager	nt, Signature of New Re	gistered 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
			Change
			DA j d
			□Remove
			□Change
	 	 	□Add
		·	□Remove
			□ Change
			🗀 Add
		<u> </u>	Remove
			Change
			□Add
			□Reniove
			□Change
			
			□Remove
			[]Change

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Note: If the date inser	her than the date of filing:
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