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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	





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SECRETARY OF STATE ALLAHASSEE, FLORIDA FILED

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COVER LETTER

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CUDIECT		HAVES SPORTS LLC		
SUBJECT	ı:	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		DANIEL CHAVES DA SI	ILVA	
			Name of Person	
		DANIEL CHAVES SPOR	TS LLC	
			Firm/Company	
		880 NE 69TH STREET A	P 14J	
			Address	
		MIAMI - FL - 33138		
			City/State and Zip Code	
		DANIELCHAVES10K@G	MAIL.COM to be used for future annual report no	(diantian)
For further	r information c	oncerning this matter, please c		(incation)
DANIEL (CHAVES		786 5267893	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed i	s a check for th	ne following amount:		
₩ \$25.00	O Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R	Tailing Addres Registration S	Section	Street Address: Registration Se	
Division of Corporations P.O. Box 6327			Division of Co The Centre of	
	'.U. Box 632 'allahassee. l			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DANIEL CHAVES SPORTS LLC		CRETAL LAHA
(Name of the Limited Lia	bility Company as it now appears on our re	cords.)
The Articles of Organization for this Limited Liability Florida document number <u>L23000184396</u>	y Company were filed on 04/10/2023	2 Physigned 2 Physigned 5EE, FLORIBA
This amendment is submitted to amend the following A. If amending name, enter the new name of the I		
The new name must be distinguishable and contain the words "l	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 AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A P <u>OST OFFICE BOX)</u>		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		nter the name of the new registered
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street aa	ldress
	City	, Florida
	City	Eq. Coue

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>	Address	Type of Action
MGR	DANIEL CHAVES DA SILVA	8640 SW 47TH STREET - MIAMI / FL 33155	= Add
			□Remove
			□Change
			🗆 Add
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Filing Fee: \$25.00