

L23000207797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

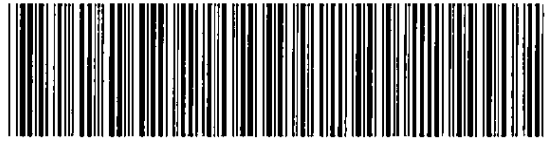
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 NOV -6 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chiquitzin Playsets 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:

Isauro J. Perez Castro
Name of Person

Firm/Company

424 S. Alabama Ave
Address

Deland FL. 32724
City/State and Zip Code

isauroprz@Chiquitzin.com
E-mail address: (to be used for future annual report notification)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Isauro J. Perez Castro at (386) 278 5486
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

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

Chiquitzin Playsets 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 April/27/2023 and assigned Florida document number L23000 202797.

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)

424 S. Alabama Ave
Deland FL. 32724
2023 NOV -6 PM 3:28
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

424 S. Alabama Ave
Deland FL. 32724
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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR FLORIDA

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> |
|--------------|--------------------------|--------------------|--|
| MGR | Isauro Jose Perez Castro | 924 S. Alabama Ave | <input type="checkbox"/> Add |
| | | DeLand FL. 32724 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
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SECRETARY OF STATE
TALLAHASSEE, FL


2023 NOV - 6 PM 3:28
Add
Remove
Change

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SECRETARY OF STATE
TALLAHASSEE, FL

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SECRETARY OF STATE
TALLMAN, G. F.

(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)

Dated November 1, 2023


Signature of a member or authorized rep

Signature of a member or authorized representative of a member

Isauro Jose Perez Castro.

Typed or printed name of signee

Filing Fee: \$25.00