

L23000 262241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

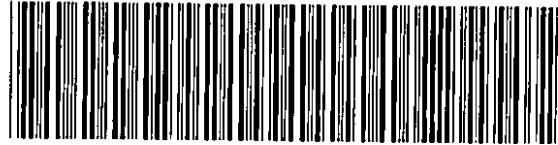
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

2023 NOV -8 PM 12:49

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 NOV -6 PM 3:40

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEW CHICAGO FINANCIAL SOLUTIONS 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:

VANESA CONSTANZIO

Name of Person

SYSTEM FAILURE INC

Firm/Company

1730 MAIN STREET SUITE 226

Address

WESTON , FL 33326

City/State and Zip Code

vanesa@systemfailureusa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vanesa Constanzio

954

594-9654

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2023

VANESA CONSTANZIO

SUBJECT: NEW CHICAGO FINANCIAL SOLUTIONS LLC
Ref. Number: L23000262241

We have received your document for NEW CHICAGO FINANCIAL SOLUTIONS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Managers name being added is not complete.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 923A00025856

RECEIVED
2023 NOV -8 PM 3:17
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

FILED

NEW CHICAGO FINANCIAL SOLUTIONS LLC

2023 NOV -8 PM 12:49

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/30/2023 and assigned
Florida document number L23000262241.

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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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	LIVERPOOL MANAGEMENT LLC	1207 DELAWARE AVE STE 649	<input checked="" type="checkbox"/> Add
		WILMINGTON, DELAWARE, 19806	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TEAM USA CONSULTING LLC	2015 LAKESHORE DRIVE	<input type="checkbox"/> Add
		WESTON FL 33326	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2023 NOV -8 PM 12:49
TALLAHASSEE, FLORIDA

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2023 NOV -8 PM 12:49
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated OCTOBER 31, 2023

Werner Kunkel //

Signature of a member or authorized representative of a member

MARIANO MIRAMBELL

Typed or printed name of signee

Filing Fee: \$25.00