

L23000914492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

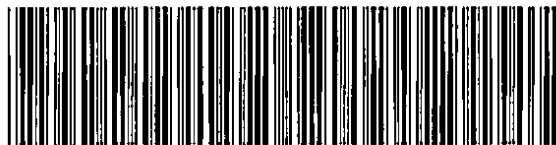
(Business Entity Name)

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DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

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09/27/23

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CHASILO INVESTMENTS LLC

Please Debit FCA000000003 For: 25


Thank you Seth Neeley



Art of Inc. File \_\_\_\_\_  
LTD Partnership File \_\_\_\_\_  
Foreign Corp. File \_\_\_\_\_  
L.C. File \_\_\_\_\_  
Fictitious Name File \_\_\_\_\_  
Trade/Service Mark \_\_\_\_\_  
Merger File \_\_\_\_\_  
Art. of Amend. File \_\_\_\_\_  
RA Resignation \_\_\_\_\_  
Dissolution / Withdrawal \_\_\_\_\_  
Annual Report / Reinstatement \_\_\_\_\_  
Cert. Copy \_\_\_\_\_  
Photo Copy \_\_\_\_\_  
Certificate of Good Standing \_\_\_\_\_  
Certificate of Status \_\_\_\_\_  
Certificate of Fictitious Name \_\_\_\_\_  
Corp Record Search \_\_\_\_\_  
Officer Search \_\_\_\_\_  
Fictitious Search \_\_\_\_\_  
Fictitious Owner Search \_\_\_\_\_  
Vehicle Search \_\_\_\_\_  
Driving Record \_\_\_\_\_  
UCC 1 or 3 File \_\_\_\_\_  
UCC 11 Search \_\_\_\_\_  
UCC 11 Retrieval \_\_\_\_\_  
Courier \_\_\_\_\_

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ARTIST'S PROOF



Signature

Requested by:

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

**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>                      |
|--------------|---------------|------------------|--|
| AMBR         | MELO, LOURDES | 7850 SW 84 PLACE | <input type="checkbox"/> Add               |
|              |               | MIAMI, FL 33143  | <input checked="" type="checkbox"/> Remove |
|              |               |                  | <input type="checkbox"/> Change            |
|              |               |                  | <input type="checkbox"/> Add               |
|              |               |                  | <input type="checkbox"/> Remove            |
|              |               |                  | <input type="checkbox"/> Change            |
|              |               |                  | <input type="checkbox"/> Add               |
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|              |               |                  | <input type="checkbox"/> Change            |
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|              |               |                  | <input type="checkbox"/> Remove            |
|              |               |                  | <input type="checkbox"/> Change            |

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OFFICE OF THE CLERK  
COUNTY OF DADE, FLORIDA

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11/10/1964

(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) **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 September 27, 2023

Robert R. Adams, Authorized Representative

Typed or printed name of signee

**Filing Fee: \$25.00**