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(Re	equestor's Name))
(Ad	Idress)	
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(Cit	ty/State/Zip/Phon	ne #)
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COVER LETTER

TO:

Registration Section

Division of Cor	rporations		
Chimera C SUBJECT:	onstruction & Design LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
	ondence concerning this matter	-	
r icase retain an correspo	machee concerning this matter	to the following.	
	Kelsey		
		Name of Person	
	ZenBusiness Inc		
		Firm/Company	
	5511 Parkerest Dr., STE 1	03	
		Address	
	Austin, TX 78731		
		City/State and Zip Code	
	fulfillment@zenbusiness.co		<u> </u>
		to be used for future annual report no	otification)
For further information c	oncerning this matter, please c	all:	
Kelsey c/o ZenBusiness	Inc	844 493-6249 at ()	
Name o	f Person	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		Street Address:	
Registration 9 Division of C		Registration S Division of Co	
P.O. Box 632	.7	The Centre of	•
Tallahassee, 1	FL 32314	2415 N. Monr	oe Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chimera Construction & Design 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 09/08/2023 _____ and assigned Florida document number 1.23000419528 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 "LLC." 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

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.

City

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>	Name	Address	Type of Action
AMBR	Matthew Casto	3625 Rothbury Drive Belle Isle, FL 32812	≘ Add
			
			□Change
			🗆 Add
			□Remove
			□Change
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ective date, if other than the deflective date is listed, the date must end of the date inserted in this blocument's effective date on the Department.	ck does not meet the appli	icable statutory filing re	(optional) than 90 days after filing.) Purs quirements, this date will	uant to 605.026
cord specifies a delayed effective sfiled.	date, but not an effective	time, at 12:01 a.m. on t	he earlier of: (b) The 90t	h day after the
ed January 3	. 2024	·		
/s/ Lorenzo Grant C				
	Transment of a married by an army	harized representative of a	manhar	-