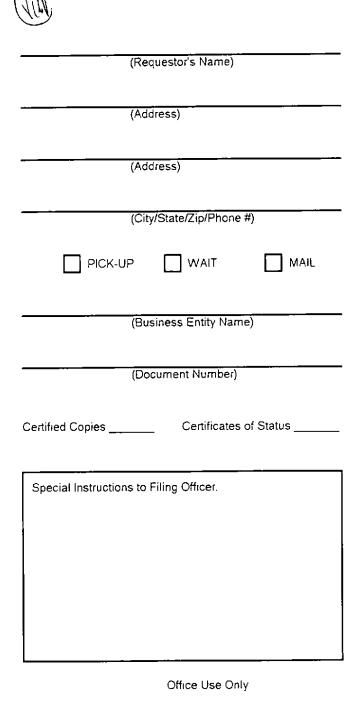
123000521181





500420163575

12/11/23--01013--019 **25.00

2673 mag () Ett 3: 09

COVER LETTER

TO: Registration Section Division of Corpora		•	· 4.
SUBJECT:	MUL CHA	PIN LLC ited Liability Company	
The enclosed Articles of Ame	endment and fee(s) are sub	mitted for filing.	
Please return all corresponder	nce concerning this matter	to the following:	
-	JUAN	Name of Person	
-	Imul Ci	Capin LLC Firm/Company	
-	2433 N R	Rmona Cir Address	
-	•	VL 33612 City/State and Zip Code	
_	E-mail address: (1	C9ma. Con to be fised for future annual report notif	ication)
For further information conce	rning this matter, please co	iil:	
Hilda Rode Name of Pers	1 9422	at (<u>\$13</u>) <u>881</u> - Area Code Daytime	9629 Telephone Number
Enclosed is a check for the fol	lowing amount:		
対 \$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 Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

Imy Chapin L	-LC	
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears or a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability C Florida document number <u>L2300052-1181</u>		17 202-3 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim Inul Constructions LLC The new name must be distinguishable and contain the words "Lim		nation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	med platering company. The deling	and the of the description is the
(Principal office address MUST BE A STREET ADDI		\$2 \$2 \$2
Trincipal office address most be not the 1918		7
	- ,,	
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE BOX)		
(maining unaress mAT DE ATOST OTTICE DON)		
		09
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our reco	rds, <u>enter the na</u> me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	p - 20 - 1	
	Enter Florida s	treet 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 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
			□Add
			Remove
			□Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□ Change
			□Add
			□Remove
			□ Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
_	
-	
_	
-	
_	
_	
_	
_	
_	
-	
(If an effe Note:	ve date, if other than the date of filing:
the record ford is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	November 29. 2023.
	Idela Rodriguen Registr agent Signature of a member or anthorized représentative of a member
	Hilda Rûdriguez Regiskratornt Typed or printed name of signée

Filing Fee: \$25.00



orporate Filing - 900419171229

message

nitedonline@dos.state.fl.us state.fl.us HILMAR5752@gmail.com

Mon, Nov 27, 2023 at 8:33 Al

The Articles of Organization for IMUL CHAPIN LLC were filed electronically on November 17, 2023, effective November 17, 2023, as verified by this email and authentication number shown below and were assigned document number L23000521181. Please refer to this number whenever corresponding with this office.

Please allow up to 24 hours for your record to appear on Sunbiz.org.

Electronic filing and certification is provided for in section 15.16, Florida Statutes and has the same legal effect as any other filing or certificate.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added. It is your responsibility to remember to file your annual report in a timely manner.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Apply today with the IRS online at:

https://sa.www4.irs.gov/modiein/individual/index.jsp

Please be aware if the limited liability company's address changes, it is the responsibility of the limited liability company to notify this office.

Should you have any questions regarding this matter, please contact this office at the address given below.

ARCEDRA JOHNSON Regulatory Specialist III New Filing Section

Division of Corporations - P.O. Box 6327 - Tallahassee, FL 32314

Letter Number: 231127083332-900419171229