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COVER LETTER

TO: Registration Se Division of Cor			
	PLAZA OCHO	O 20 NOR MAIN LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		VENECIA RODRIGUEZ	
		Name of Person	
		Firm/Company	
		820 N MAIN ST	
	•	Address	
		KISSIMMEE, FL 34744	
		City/State and Zip Code	
		AMOUR8817@GMAIL.COM	
	E-mail address: (to be used for future annual report notifi	cation)
For further information e	oneerning this matter, please e	all:	 Ui
VENECIA RODRIGUEZ		407 437-3395 at ()	
Name o	f Person	at () Area Code Daytime	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 Addres		Street Address:	tion
Registration S Division of C		Registration Secunity Division of Corp	
P.O. Box 632		The Centre of Ta	
Tallahassee 1			Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CHO 20 NOR MAIN LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears imited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Conforda document number	npany were filed on	04/23/2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here	<u>:</u>	
PLAZA 820 MAIN LLC			
he new name must be distinguishable and contain the words "Limited	Liability Company," the desi	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES	5.5)		
			
inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			·
			
			CT:
 If amending the registered agent and/or registered of gent and/or the new registered office address here; 	ffice address on our reco	ords, <u>enter the name</u>	of the new regist
gent and/or the new registered office address here:			
Name of Name Benistered America			
Name of New Registered Agent:		-	
New Registered Office Address:			
	Enter Florida	street address	
		, Florida	775
	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
			□Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
-			
			□Remove
			□Change
			□Add
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an effective dat o <u>te:</u> If the da	e is listed, the ite inserted in	nan the date of date must be spec on this block does on the Departme	cific and cann	the annlicab	date of filing of the statutory fi	more than 90 cling requireme	_ (optional lays after filin ents, this dat) g.) Pursuant to 605.020 e will not be listed a
ecord specificis filed.	es a delayed	effective date, l	but not an ei	ffective time	e, at 12:01 a.n	n, on the earli	erof:(b) T	he 90th day after th
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Filing Fee: \$25.00