L24000303835

(Requ	estor's Name))
(Addre	ess)	
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(City/S	State/Zip/Phon	ne #)
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COVER LETTER

TO:		stration Secti sion of Corpo	on ·	:	•	,
' .		снічо'ѕ но	use, llc			
SUBJEC	.l: <u>.</u>		Name of Limi	ted Liability Company		
The encl	osed	Articles of An	nendment and fee(s) are subi	nitted for filing.		
Please re	turn :	all corresponde	ence concerning this matter t	to the following:		
			Craig I Kelley			
				Name of Person		
			Kelley Kaplan & Eller, PLI	LC		
				Firm/Company		·
	1665 Palm Beach Lakes Blvd, Suite 1000					
				Address		
			West Palm Beach, FL 3340	I		
		1	craig@kelleylawoffice.com	City/State and Zip Code		
		-	E-mail address: (to	o be used for future annual r	report notification)	
For furth	er inf	ormation conc	erning this matter, please ca	II:		
Craig I. I	Kelle	y		561 491	-1200	
-		Name of Pe	rson	Area Code	Daytime Telepho	ne Number
Enclosed	is a	check for the f	following amount:			
■ \$25. 0	00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHIYO'S HOUSE, LLC			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000303835</u>	were filed on July 8, 2024	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:	1878 Dr. Andres Way		
(Principal office address MUST BE A STREET ADDRESS)	Unit 56		
	Delray Beach, FL 33445		
Enter new mailing address, if applicable:	1878 Dr. Andres Way		
(Mailing address MAY BE A POST OFFICE BOX)	Unit 56		
	Delray Beach, FL 33445		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nam</u>	e of the new registere	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
<u></u>	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 doctation 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>	Address	Type of Action
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			□Remove
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E. Effective date, if other than (If an effective date is listed, the da Note: If the date inserted in t document's effective date on	his block does not meet	t the applicable statut	(optilling or more than 90 days after ory filing requirements, the	ional) a filing.) Pursuant to is date will not be	o 605.0207 (3) : listed as the
f the record specifies a delayed ef ecord is filed.	fective date, but not an	effective time, at 12:	01 a.m. on the earlier of: (b) The 90th day	
coord is fried.				$\frac{G^{n}}{\pi^{n}}$	202 ¹
July 15 Dated	2				2024 AUG
147					-1 :
<u>un</u>	Signature of a men	iber or authorized repre	sentative of a member	<u> </u>	- PH :
Peter Isaacs, Mana	ger			E S T	PH -: 13
reter isaacs, minna	<u> </u>	and as asiated name of		<u> </u>	_ ~~

Filing Fee: \$25.00