L24000366510

(Requestor's Name)
(Address)
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(Document Number)
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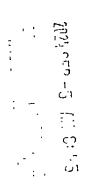
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COVER LETTER

TO:

Registration Section

Divisio	on of Corporations		
	havarri Enterprises, LLC		
SUBJECT: _		Name of Limited Liability Company	
Division of Corporations Chavarri Enterprises. LLC Name of Limited Liability Company			
	concespondence concern	mg the maker to the renewing.	
	Luis D. Acc	ea Chavarri	
	Name of Person		
	Chavarri Er	nterprises, LLC	
		Firm/Company	
	4639 Dunni	ie Dr	
		Address	
	Tampa, FL	33614	
Address Tampa, FL 33614 City/State and Zip Code laceachavarri@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Luis D. Acea Chavarri 813 638-2442			
		_	
Var further in Co			
	_		
Luis D. Acea (
	Name of Person	Area Code Daytime Telephone Number	
Enclosed is a ch	neck for the following am	ount:	
■ \$25.00 Fili		(additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	#** * * * * * * * * * * * * * * * * * *
		Street Address:	
		District Co.	
		The Cartes of T. H. Level	
		i j j ' '	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHAVARRI ENTERPRISES, LLC		
(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
Florida document number 1.24000366510		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
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 agent and/or the new registered office address here:	address on our record	s, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet address
		Florida
· -	City	, Florida 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 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
MGR	Acea Chavarri, Luis D	4639 Dunnie Dr	≘ Add
		Tampa, FL 33614	□Remove
			□Change
AMBR	Torno, Yandro A.	4639 Dunnie Dr	□Add
		Tampa, FL 33614	□Remove
			=Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		_	DAdd
			□ Remove
····			
			□Remove
			□ Chango

<u>·</u>		
Effective (late, if other than the date of filing: (optional)	
(If an effectiv	e 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	
	e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.	ine
	ω	
he record spo ord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	. 4
ora is mea.	55	•
	30 August 2024	
Dated		
Dated		•