

2/14/25, 9:16 AM

Division of Corporations

L25000037510

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H25000057484 3)))



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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : LEGALZOOM.COM INC.  
Account Number : I20010000062  
Phone : (323)962-8600  
Fax Number : (323)389-0502

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CHIRON CONNECTIONS LLC

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Certified Copy	1
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

K. SALY

FEB 17 2025

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CHIRON CONNECTIONS LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erik Treutlein

\_\_\_\_\_  
Name of Person

Legalzoom.com, Inc.

\_\_\_\_\_  
Firm/Company

9900 Spectrum Dr

\_\_\_\_\_  
Address

Austin, TX 78717

\_\_\_\_\_  
City/State and Zip Code

chironcnx@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erik Treutlein

800 773-0888  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:**

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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CHIRON CONNECTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2025 FEB 14 PM 2:21  
ALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/21/2025 and assigned Florida document number L25000037510.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

17600 RUTH ST

MOUNT DORA, FL 32757

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17600 RUTH ST

MOUNT DORA, FL 32757

**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*

, 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.*

/S/

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	POLLAERT, CANDACE V		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		17600 RUTH ST MOUNT DORA, FL 32757	<input checked="" type="checkbox"/> <input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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TALLAHASSEE, FL 32301  
COUNTY CLERK'S OFFICE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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CLERK OF DISTRICT COURT  
MILWAUKEE, WISCONSIN

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective 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 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 02/14 2025

/S/ CANDACE V POLLAERT  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

CANDACE V POLLAERT  
\_\_\_\_\_  
Typed or printed name of signer