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COVER LETTER

TO:	Registration Sec Division of Corp			
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SUBJ	ECT:	Name of Limit	red Liability Company	
The er	nclosed Articles of a	Amendment and fec(s) are subn	nitted for filing.	
Please	return all correspoi	ndence concerning this matter t	o the following:	
		Julian Vasquez		
			Name of Person	
		Freedomtax Accounting &	Multiservices Inc	
			Firm/Company	
		1016 E Osceola Pkwy		
			Address	
		Kissimmee, FL 34744		
			City/State and Zip Code	
		jvasquez@freedomtaxfl.con		
		E-mail address: {	o be used for future annual report notif	ication)
For fu	arther information c	oncerning this matter, please ca	all:	
Julia	n Vasquez		407 344-1012	
	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclo	osed is a check for the	he 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

CHECAS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{04/27/2016}{1}$ and assigned Florida document number 1.16000083083 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 "LLC." Enter new principal offices address, if applicable: (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 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

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 smending 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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		Barrio Lourdes, San Salvador, El Salvador	□ Remove
			Change
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Typed or printed name of signee

Filing Fee: \$25.00