## 120000202511

| (Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)  (City/State/Zip/Phone #)   |  |  |  |  |  |
| (City/State/Zip/Phone #)  |  |  |  |  |  |
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|   |  |  |  |  |  |
| PICK-UP WAIT MAIL   |  |  |  |  |  |
|   |  |  |  |  |  |
| (Business Entity Name)  |  |  |  |  |  |
| (Business Entity Hame)  |  |  |  |  |  |
| (Document Number)   |  |  |  |  |  |
| Certified Copies Certificates of Status   |  |  |  |  |  |
| Special Instructions to Filing Officer:   |  |  |  |  |  |
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## **COVER LETTER**

| TO:                                       | Registration S<br>Division of Co |   |  |   |  |  |  |
|---|----------------------------------|---|--|---|--|--|--|
| CHD IE                                    |                                  | AGEN SERVICES LLC.                              |  |   |  |  |  |
| SUBJECT:Name of Limited Liability Company |                                  |   |  |   |  |  |  |
| The encl                                  | osed Articles of                 | Amendment and fee(s) are sub                    | mitted for filing.   |   |  |  |  |
| Please re                                 | turn all corresp                 | ondence concerning this matter                  | to the following:  |   |  |  |  |
|   |                                  | CLARA MARTINEZ                                  |  |   |  |  |  |
|   | Name of Person                   |   |  |   |  |  |  |
|   |                                  | LAW OFFICE                                      |  |   |  |  |  |
| Firm/Company                              |                                  |   |  |   |  |  |  |
| 2423 SW 147TH AVENUE SUITE 332            |                                  |   |  |   |  |  |  |
|   |                                  |   | Address  |   |  |  |  |
|   | MIAMI, FLORIDA 33185             |   |  |   |  |  |  |
|   | City/State and Zip Code          |   |  |   |  |  |  |
|   |                                  | LAWCGM@AOL.COM                                  |  |   |  |  |  |
|   |                                  | E-mail address: (                               | to be used for future annual report not                          | tification)   |  |  |  |
| For furth                                 | ner information                  | concerning this matter, please c                | all:   |   |  |  |  |
| CLARA MARTINEZ                            |                                  | 786 346-2951                                    |  |   |  |  |  |
| Name of Person                            |                                  |   | Area Code Daytin   | ne Telephone Number   |  |  |  |
| Enclosed                                  | l is a check for t               | the following amount:                           |  |   |  |  |  |
| <b>■ \$2</b> 5.                           | .00 Filing Fcc                   | ☐ \$30.00 Filing Fee &<br>Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |  |
| Mailing Address: Registration Section     |                                  | <u>Street Address:</u><br>Registration Se       | ection   |   |  |  |  |
| Division of Corporations                  |                                  |   | Division of Co   | Division of Corporations  |  |  |  |
| P.O. Box 6327<br>Tallahassee, FL 32314    |                                  |   | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810       |   |  |  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| STADTHAGEN SERVICES LLC   |   |                                       |
|---|---|---------------------------------------|
| ( <u>Name of the Limited Liability (</u> A Florida Li   | Company as it now appears on our records mited Liability Company) | <u>r.</u> )                           |
| The Articles of Organization for this Limited Liability Con   | npany were filed on 07/14/2020                                    | and assigned                          |
| Florida document number L20000202511  |   |                                       |
| This amendment is submitted to amend the following:   |   |                                       |
| A. If amending name, enter the new name of the limited  | d liability company here:   |                                       |
| The new name must be distinguishable and contain the words "Limited   | d Liability Company," the designation "LLC"                       | or the abbreviation "L.L.C."          |
| Enter new principal offices address, if applicable:   |   | 0                                     |
| (Principal office address MUST BE A STREET ADDRES   | SS)   | 227                                   |
|   |   | · 10 m                                |
|   |   |                                       |
| Enter new mailing address, if applicable:   | <del></del>   |                                       |
| (Mailing address MAY BE A POST OFFICE BOX)  |   | · · · · · · · · · · · · · · · · · · · |
|   | <del>- · · · · · · · · · · · · · · · · · · ·</del>                |                                       |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | Mice address on our records, <u>enter (</u>                       | the name of the new regist            |
| Name of New Registered Agent:   | <del></del>   |                                       |
| New Registered Office Address:  |   |                                       |
|   | Enter Florida street address                                      | •                                     |
|   | ,   | rida                                  |
|   | 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 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 |
|--------------|--------------------|----------------------------|----------------|
| AMBR         | HENRY J. VILLAREAL | 6440 COLLINS AVENUE #503   | <b>=</b> Add   |
|              |                    | Miami Beach, Florida 33141 | □Remove        |
|              |                    |                            | ☐ Change       |
|              |                    | <del></del>                | □ Add          |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_\_(optional)
(If an effective date is listed, the date must be specific and cunnot 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. December 16 2020 Signature of a member or authorized representative of a member ARTURO STADTHAGEN Typed or printed name of signee

Filing Fee: \$25.00