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COVER LETTER

		ited Liability Company			
enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
ise return all correspo	ondence concerning this matter	to the following:			
	AUDEY CHAVEZ				
		Name of Person			
	CHIKY STUCCO RENOV	ATION AND CLEANING SERV	ICES LLC		
	Firm/Company				
	203 BEAC DRIVE APT.1				
		Address			
	DESTIN.FLORIDA.32541				
		City/State and Zip Code			
	audeyehvz9824@gmail.con	to be used for future annual report notif	ication)		
further information of	concerning this matter, please ca				
DEY CHAVEZ		307 365-8104			
<u> </u>	of Person		: Telephone Number		
losed is a check for t	he following amount:				
\$25.00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed		

Registration Section
Division of Corporations
P.O. Box 6327

TO: Registration Section

Tallahassee, FL 32314

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

CHIKY STUCCO RENOVATION AND CLEANING SERVICES 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 02/11/2021 and assigned Florida document number 1.21000072121 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 Cin 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	AUDEY CHAVEZ	203 BEACH DRIVE APT.1	□Add
		DESTIN,FLORIDA,32541	■Remove
			□Change
AMBR	AUDEY CHAVEZ	203 BEACH DRIVE APT.1	= Add
		DESTIN,FLORIDA,32541	□Remove
			Change
			□Add
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			□Change

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Effective date, if other than the d	late of filing:		(optional)	
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