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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Registration Section

TO:

| Div | ision of Corp | oorations | | |
|--------------------------|--------------------------------|--|--|--|
| | CAH CO., L | L.C. | | |
| SUBJECT: | | Name of Lim | ited Liability Company | |
| | | | | |
| The enclosed | d Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspor | ndence concerning this matter | to the following: | |
| | | Edward P. Guttenmacher | | |
| | Name of Person | | | |
| | | Guttenmacher Law, P.L.L | C. | |
| | Firm/Company | | | |
| | | 7301 S.W. 57th Court. Sui | te 575 | |
| | | | Address | |
| | | South Miami, FL 33143 | | |
| | | | City/State and Zip Code | |
| | | Ed@GuttenmacherLaw.cor | n to be used for future annual report no | tification) |
| For further in | nformation co | ncerning this matter, please c | all: | |
| Edward P. C | luttenmacher | | 305 901-5090 | |
| | Name of | Person | at () Area Code Dayti | me Telephone Number |
| Enclosed is a | a check for the | e following amount: | | |
| ≘ \$25.00 I | Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | iling Address gistration So | | Street Address: Registration S | ection |
| Division of Corporations | | Division of Co | orporations | |
| | D. Box 6327 | | The Centre of | |
| 1 a) | lahassee, F | L 34314 | Z415 N. Monr | oe Street, Suite 810 |

Tallahassee, FL 32303

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

| (Name of the Lim | ited Liability Compa | iny as it now appears on our red Liability Company) | cords.) |
|--|----------------------|--|-----------------------------------|
| The Articles of Organization for this Limited I Florida document number H02000106947 3 | Liability Company | | |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name of | of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designation " | LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | | 7301 S.W. 57th Court | |
| Principal office address MUST BE A STRE | | Suite 575 | |
| | | South Miami, FL 33143 | |
| Enter new mailing address, if applicable: | | 7301 S.W. 57th Court | AY 17 |
| Mailing address MAY BE A POST OFFICE | (BOX) | Suite 575 | |
| | | South Miami, FL 33143 | 0 1 F |
| 3. If amending the registered agent and/or gent and/or the new registered office address Name of New Registered Agent: | • | address on our records, <u>en</u> | iter the name of the new regist |
| New Registered Office Address: | 7301 S.W. 57 C | Court, Suite 575 | |
| New Registered Office Address. | • | Enter Florida street ad | dress |
| | South Miami | | , Florida ³³¹⁴³ |
| | | City , | Zip Code |

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> | Name | Address | Type of Action |
|--------------|------|---------|----------------|
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| | g any other information, enter change(s) here: (Attach additional sheets, if necessary.) | |
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| f an effecti Note: If t | ate, if other than the date of filing: | 207 as |
| e record sp d is filed. | cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the | he |
| Dated Apr | 30, 2024 12:00 a.m. | |
| | i At- | |
| | Signature of a member or authorized representative of a member | |
| | Will the second of the second | |

Filing Fee: \$25.00