# 108000113439

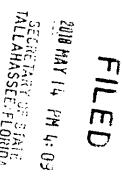
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO:	Registration Sec Division of Corp		.v	
CHIDA	Hersh Famil	y Holdings, LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	<del></del>
The er	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Eric Hersh		
			Name of Person	·
		Hersh Family Holdings, LI	c	
			Firm/Company	
		17794 Foxborough Lane		
			Address	
		Boca Raton, Fl 33496		
			City/State and Zip Code	
		ehersh99@gmail.com	,	
	•	E-mail address: (	to be used for future annual report notifi	cation)
For fu	rther information co	oncerning this matter, please ca	all:	
Eric F			954 605-3216 at ()	Telephone Number
	Name of	Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	e following amount:		
\$2	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

iability Company as it now appears on our records.) lorida Limited Liability Company)	
ity Company were filed on Dec 12, 2008	and assigned
ng:	
e limited liability company here:	
"Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
:	
DDRESS)	
<u> </u>	
registered office address on our records, <u>en</u> address here:	ter the name of the
	ASSE ASSE
Euton Elovida utreat address	TO TO TO
, Florida	Zip Code
	registered office address on our records, en address here:  Enter Florida street address  Florida

### 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</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Matthew Hersh	400 W. Ontario Street, Apt 704	<b>∃</b> Aḋd
		Chicago, IL 60654	□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
<del>.</del>			□ Add
		·	□ Remove
			Change
			Remove
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		Remove	
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<del></del>			□ Add
			□ Remove
			☐ Change

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		ORA 4:
		40 40
-		
Effective date, if other tha	n the date of filing:	(optional)
(If an effective date is listed, the date inserted in	te must be specific and cannot be prior to date of fill	ling or more than 90 days after filing.) Pursuant to 605.02 ory filing requirements, this date will not be listed
the record specifies a de ) The 90th day after th		ctive time, at 12:01 a.m. on the earlier
Dated May 10	2018	
	Signature of a member or authorized repres	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00