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S. WARREN AUG 0 3 2017

COVER LETTER

FO: Registration S Division of Co			,	
CHR Gro	up, LLC		į	
SOBJECT:	Name of Limi	ited Liability Compan	у	
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:	,	
	Cecilia Hoefken			
	 	Name of Perso	n l	
		Firm/Compan	у	
	13722 SW 83rd Avenue			
		Address		
	Palmetto Bay, FL 3.3158			
		City/State and Zip	Code 	
	choefken@att.net	16.6.		
For further information	concerning this matter, please ca	to be used for future a	nnuai report nottri	cation)
Cecilia Hoefken	concerning this matter, preude ex	786	385-1938	
		at (<u>.</u>)	<u> </u>
Name	of Person	Area Code	Daytime	Telephone Number
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Certified Co (additional copy	рy	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hussee, FL 32314	Reş Div Clij 266	REET/COURING Section Section Section of Corpora Ston Building Section Executive Cer Section Se	n ations ater Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHR Group, LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) ibility Company)
The Articles of Organization for this Limited Liability Company w Florida document number L12000129100	vere filed on 10/09/2012 and assigned
This amendment is submitted to amend the following:	i
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "L.L.C." or the abbreviation "L.L.C."
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 offi 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:	City , Florida Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office as	erformance of my duties, and I am familiar with and oviided for in Chapter 605. F.S. Or, if this document is

Page 1 of 3

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 Title Name <u>Address</u> Type of Action MGR Maria I. Hoefken Fort 13722 SW 83rd Avenue □ Add Palmetto Bay, FL 33158 □ Remove ■ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change D-Add □ Remove Change

Jorge L. Ramos Raygada		d name of signee	
Signa	ature of a member or autho	rized representative of a member	<u>3</u>
. jl Caun		ı	7 JU
ed July 24th	, 2017		,
he 90th day after the record i	is filed.	. an enective time, at 12.0	r a.m. on the camer (
record specifies a delayed effe		an effective time at 12:0	1 a m. on the earlier
effective date is listed, the date must be sp te: If the date inserted in this block d ument's effective date on the Departi	oes not meet the applica	to date of filing or more than 90 days a suble statutory filing requirements.	tter filing.) Pursuant to 605.020 this date will not be listed a
ective date, if other than the date effective date is listed, the date must be sp	of filing:	(o ₁	ptional)
			-
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