(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	: #)
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(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
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COVER LETTER

Division of Cor					
HOLDING SUBJECT:	GS OF CHRISTOPHER	R, LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	endence concerning this matter	to the following:			
	Pierre hachar Jr., Es	sq.			
		Name of Person			
	The Hachar Law Fire	m, P.A.			
		Firm/Company			
	8100 Oak Lane Suite	e 401			
		Address			
	Miami Lakes FL 330	16		201	
	phachar@mialaws.co	City/State and Zip Code		2014 NOV 10	
	E-mail address: (to be used for future annual report notificatio	n)	388 A25 01	i i i i i i i i i i i i i i i i i i i
For further information c	oncerning this matter, please ca	all:		対 対 に に に に に に に に に に に に に	
Pierre Hachar Jr., I	Esq.	305 200-1308		7: 0 DRII	
Name o	f Person		phone Number	- \$∂ ° O	
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

Holdings of Christopher, LLC			
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on ou imited Liability Company)	<u>r records.</u>)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L14000124955</u>	mpany were filed on 8/8/201	4	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and end with the words "Limi	ted Liability Company," the designa	tion "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		Phone
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	ZOU NOV O AM 7:
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		records, enter i	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stre	eet address	·
		Florida	
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Add
			□ Remove
			□ Add
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TO	: Ana Beatriz de Quintana
-	
	date, if other than the date of filing: (optional)
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effectiv	re date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State)
effective date the	re date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State) November 5 . 2014.

Page 3 of 3

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