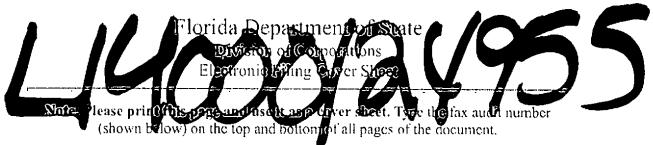
9/6/23, 12:56 PM

Division of Corporations



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AR		AMENDMENT	₹	
ART	•	O DRGANIZATION		
1		F	·	
H	OLDINGS OF CI	RISTOPHER, LLC		
(Name of the Limi	ted Liability Compa (A Fiond) Limited	iny as it now appears on our re Liability Company)	cords.)	
The Articles of Organization for this Limited L Florida document number 1.14000124955	iability Company	were filed on <u>98/08/2014</u>	and assigned	d
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of		ility company here:		
The new name must be distinguishable and contain the s	vords "Limited Liah:	lity Company," the designation	"U.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1025 STATE ROAD 17 S		
		HAINES CITY FL 13844-	1500	
Parties and the second		1025 STATE ROAD 17 S		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		HAINES CITY FL 33844		
			?	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office : <u>ss here</u> :	address on our records. <u>er</u>	nter the name of the new reg	
Name of New Registered Agent:	JESUS IGNAC	IO QUINTANA	<u>.</u>	
New Registered Office Address:	1025 STATE I	ROAD 17.5	Ğ	_ _
	14 4 14 17 27 27 17 18	Enter Florida street o ,		*
	HAINES CITY	City	, Florida 33844-1500 Zip Code	
No. 15 Carlotte and the second	n. ta la la		Ap Code	

New Registered Agent's Signature, if changing Registered Agent;

Thereby 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 faufiliar 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 lighted liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

ĭo:

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	Address	Type of Action
MGR	JOSE ALEJANDRO QUINTANA	1025 US HIGHWAY 17	-
		LAKE HAMILTON, FU 33851	
AMBR	JESUS IGNACIO OUINTANA		C)Change
AMBR JESUS IGNACIO QUINTANA		1025 STATE ROAD 17 S	■Add
		HAINES CITY FL 53844-1500	□Remove
			CIChange
MGR JESUS IGNACIO QUINTANA	JESUS IGNACIO QUINTANA	1025 STATE ROAD 17 S	CJAdd
		HAINES CITY FL 33844-1500	
			B Change
			□Add
			□Remove
			[]Change
			□Add
			□Remove
			OChange
			□Add
			□Remove
			①Change

is, it amenous	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
 	
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(If an effective <u>Note:</u> If the	ate, if other than the date of filing: (optional) date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(1) date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
If the record spec record is filed,	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated AUG	UST, 23 2023
	Signaturg of a member of authorized representative of a member
	JESUS IGNACIO QUINTANA
	Typed or printed name of signee