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(Requestor's Name)
(Address)
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COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor			
CHD IE		Y GROUP, LLC		
SUBJEC	-1;	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		DIEGO ARONIS		
			Name of Person	
		HLW SERVICES LLC		
			Firm/Company	
		5301 SW 38TH AVE		
			Address	
		FORT LAUDERDALE FI	L 33312	
			City/State and Zip Code	
		MIAMITAXSOLUCION@		
		E-mail address: (to be used for future annual report no	otification)
For furth	er information c	oncerning this matter, please ca	all:	
DIEGO	ARONIS		1 786 277 50	584
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed	l is a check for th	ne following amount:		
■ \$2 5.	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		Street Address: Registration S	action
	Registration 5 Division of C		Division of Co	
	P.O. Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liability Company as it now appears on our recording Limited Liability Company)	rds.)
oility Company were filed on03/10/2015	and assigned
·	
ring:	
he limited liability company here:	
ds "Limited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
ole:	
ADDRESS)	7020
	3 "11
	ov 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
here:	
, I	Florida Zip Code
	zistered office address on our records, <u>ente</u> <u>here</u> : Enter Florida street addr

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	JORGE E. SYDLOWSKI	9710 STIRLING RD #104 COOPER CITY, FL 3302	24 ≣ Add
			□Remove
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior	(optional)	
Note: If the date inserted in this block does not meet the application	o date of filing or more than 90 days after filing.) Pursuant ble statutory filing requirements, this date will not b	. to 605,020 be listed a
document's effective date on the Department of State's records.		
ne record specifies a delayed effective date, but not an effective tir	ne at 12:01 a.m. on the earlier of: (b). The 90th da	ıv after the
ord is filed.		•
NOVEMBER 11 2020		
Dated .		
Signature of a member or author		

Filing Fee: \$25.00