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JUN 20 2018

COVER LETTER

TO;	Registration Security Division of Corp			
CHD IE/		FLORIDA LLC		
SUBJEG	-1: <u></u>	Name of Lim	ited Liability Company	
The encl	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		1	MARIA V TORRES	
			Name of Person	
		TAXPLUS	FINANCIAL SERVICES CORP	
			Firm/Company	
		259 PARK BLVD)	
			Address	· · · · · · · · · · · · · · · · · · ·
		MIAMI, FL 3312	16	
			City/State and Zip Code	
		TAXPLUSFINANCIAL@		·
			to be used for future annual report not	incation)
For furth	ner information co	oncerning this matter, please co	all:	
MARIA	V TORRES		786 464-9978	
	Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclosed	d is a check for th	e 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:

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

DESSERT FLORIDA LLC		
(Name of the Limited Liability (A Florida I	Company as it now appears on our records limited Liability Company)	.)
The Articles of Organization for this Limited Liability Co	mpany were filed on FLORIDA	and assigned
Florida document number L16000033161	<u>-</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		* 60
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
•		- CA
		er.
Enter new mailing address, if applicable:		;
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addre		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida enter 11	
	Enter Florida street address	
	, Flo	rida
	~	

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
MGR	ARIANNA SCATTOLINI	2451 NW 109 AVE STE 7	= Add
		DORAL, FL 33172	Remove
			☐ Change
			Add
			☐ Remove
			Change
		Adđ	
		Remove	
		Change	
	<u> </u>		Add
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		This is the second of the seco
		3, G
Effect	tive date, if other than the date of filing:	ional)
Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after If the date inserted in this block does not meet the applicable statutory filing requirements, the nent's effective date on the Department of State's records.	er filing.) Pursuant to 605.0207 iis date will not be listed as
docu.		a muon the earlier of
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 e 90th day after the record is filed.	a.m. on the corner of
the re		a.m. on the carner of

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00