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(City	//State/Zip/Phone#	)
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
CHDI	Evoze, LLC			
SUBJ	ECT:	Name of Lim	ited Liability Company	
The en	nclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		Shivon Patel, Esq.		
			Name of Person	<del></del>
		The Principal Law Firm, P	L.	
			Firm/Company	
		4907 International Parkwa	y, Suite 1061	
		-	Address	
		Sanford, Florida 32771		
		SI, O II.	City/State and Zip Code	
		Shivon@principallaw.net  E-mail address: (i	to be used for future annual report notif	ication)
For fu	rther information ed	oncerning this matter, please ca		
Shive	on Patel, Esq,		407 322-3003	
	Name of	Person	at () Area Code Daytimo	Telephone Number
Enclos	sed is a check for th	e following amount:		
<b>S</b> \$2	25,00 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

ssigned
L.L.C."
of the ne
<del></del>

## 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>	<u>Address</u>	Type of Action
MGR	Noorali Kermali	712 W. Lake Mary Boulevard	
		Sanford, Florida 32773	□ Remove
			☐ Change
MGR	Rubab Kermali	712 W. Lake Mary Boulevard	■ Add
		Sanford, Florida 32773	□ Remove
			☐ Change
MGR	Rukhsana Kermali	712 W. Lake Mary Boulevard	□ Add
		Sanford, Florida 32773	■ Remove
			☐ Change
			——————————————————————————————————————
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Effective date, if of	her than the date of	filing:	of tiling on more than 00 days	(optional) s after filing.) Pursuant to 605.02
Note: If the date ins	erted in this block does	not meet the applicable st	atutory filing requirement	s, this date will not be listed
document's effective	date on the Departmen	it of State's records.		
ne record specifie	es a delaved effect	ive date, but not an e	effective time, at 12:	01 a.m. on the earlier
The 90th day a	fter the record is f	iled.	<b></b>	
May	21	2017		
Dated May	<u> </u>	, <del>2017</del>		
		Luthar		
		of a member or authorized r	and an account of the second o	· · · · · · · · · · · · · · · · · · ·
	Signature	e of a member of authorized r	epresentative of a member	

Page 3 of 3

Filing Fee: \$25.00