Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000433169 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHC INVESTMENT N417, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help



From: Yanet Avila

ń

ARTICLES OF AMENDMENT TO . ARTICLES OF ORGANIZATION OF

2020-12-18 21:06:55 GMT

CHC INVESTMENT N417, LLC			
(Same of the Lie	nited Liability Company as it (A Florida Limited Liability	now appears on our rec Company)	ozdi*)
The Articles of Organization for this Limited Florida document number <u>L17000050600</u>	Liability Company were f	iled on 03/03/2017	and assigned
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited liability co	mpany here:	
The new name must be distinguishable and contain the	words "Limited Liability Com	pany," the designation "L	LC or the abbreviation "L.I. C."
Enter new principal offices address, if appl	licable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
		· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E BOX)		
		···	
B. If amending the registered agent and/or agent and/or the new registered office addr		s on our records, ent	er the name of the new register
Name of New Registered Agent:	MARIA TERESA HEF	RRERA	
New Registered Office Address:	16750 SW 95TH STRE	EET	
	Enter Florida street address		
	MIAMI		Florida 33196 Zip Code
Non-Bustiness day of Co. 1971	Cit	y.	Zip Code
New Registered Agent's Signature, if changing			
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg	per and complete perfor	mance of my duties	and I am familiar with and

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

To: 18506176383

Title	Name	Address	Type of Action
AMBR	URUBA CORPORATION	16750 SW 95TH STREET	
Copille georgeoloogie (18 dels pro dels		MIAMI, F1, 33196	
			☐ Change
			□Add
			∏Remove
			□Change
			bAdd
			DRemove
·	·		☐ Change
			į
		The second secon	□ Kemove
			[] Change
			Ci Add
			□Remove
			☐ Change
			∏Add
			□Remove

From: Yanet Avila

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,) E. Effective date, if other than the date of filing:

(If an effective 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 (3xb) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated _______ Signature of a member or authorized representative of a member Typed or printed name of signer

2020-12-18 21:06:55 GMT