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COVER LETTER

TO: Registration Section Division of Corporati	ions
SUBJECT: Che	rubic Enterprises, (cc
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of Amen	dment and fee(s) are submitted for filing.
Please return all correspondence	te concerning this matter to the following:
	Jara I. Rudriquez Name of Person
_	Name of Person
	Cherobic Enterprises Firm/Company
_	Firm/Company
	12978 BIOAK Field Circle
_	
	Orlando fl 3L837 City/State and Zip Code Properties by Jones O gmail. com
	City/State and Zip Code
	, bioberties pa zone a dwar 1. com
	E-mail address: (to be used for future annual report notification)
For further information concerr	
Jane Rud	Miavez 407 230.4777
Name of Perso	at (
Enclosed is a check for the follo	
S25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING A Registration S Division of C P.O. Box 632 Tallahassee	Section Registration Section Corporations Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cherubi	ic En	terprises.	((C	N. C.	3/
(Name of the Limited I	Liability Company Florida Limited Lia	as it now appears on our r bility Company)	ecords.)		5
The Articles of Organization for this Limited Liabi	ility Company w Z. 7	ere filed on 10 \ 0 ?	117	ے _ and assigned	•
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	e limited liab <u>ili</u>	tv company here:			
The new name must be distinguishable and contain the word		Consularion	10002	يمني المحمور	_
(Principal office address MUST BE A STREET A	<u>ADDRESS)</u>	12978 BIO	akteld 1 328	Circlet 37	_ _
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BC					_ _ _
B. If amending the registered agent and/or registered agent and/or the new registered office			cords, <u>enter ti</u>	ne name o <u>t the</u>	<u>new</u>
Name of New Registered Agent:	60111-	Brockf			_
New Registered Office Address:		Enter Florida street Condo City	address		_
		City		Zip Code	_
New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the recompany has been notified in writing of this change in the chan	agent and agre and complete pered agent as po gistered office o	performance of my dut rovided for in Chapter	ies, and I am fa 605, F.S. Or, ij	miliar with and Cthis document	

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action Address <u>Name</u> <u>Title</u> 12978 Broakfield Circle _ Add Jana I Rodriguer ☐ Change 12978 Brog Cheld Circh Add Orlando F1 32837 DREMOVE □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

_□ Change

mending any oth	er information, enter	change(s) here: (.	Attach additional :	sheets, if ne	cessary.)	
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	Signature o	f amember or authorize	d representative of a	nember		

Page 3 of 3

Filing Fee: \$25.00