18000137107

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COVER LETTER

TO:	Registration Se Division of Cor					
CHID II	Normanas	LLC				
Name of Limited Liability Company						
		Amendment and fee(s) are submedence concerning this matter to				
	·	Jonathan Norman	•			
			Name of Person			
		Normanas				
			Firm/Company			
		2795 NE 164th St.				
			Address			
		North Miami, FL. 33160				
		Jnorman@normanas.com	City/State and Zip Code			
		_	be used for future annual report notifi	cation		
For fur	ther information e	oncerning this matter, please cal	1:			
Jonath	nan Norman		305 4815086			
Name of Person			at () Area Code Daytime	Telephone Number		
Enclose	ed is a check for th	ne following amount:				
□ S2.	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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Normanas ELC					
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records	<u>rr</u>)			
The Articles of Organization for this Limited Liability Company Florida document number L18000137107					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	2795 NE 164th St. North Miami, FL. 33160				
Principal office address MUST BE A STREET ADDRESS)					
inter new mailing address, if applicable:	2795 NE 164th St. North Mia	mi, FL. 33160			
Mailing address MAY BE A POST OFFICE BOX)		⁷ ,			
		· · · · · · · · · · · · · · · · · · ·			
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registe			
Name of New Registered Agent:	····	.			
New Registered Office Address:					
	Enter Florida street address				
		rida			
	City	Zıp Code			

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	Karina Paola Prats	2795 NE 164th St. North Miami, FL. 33160	
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 🗆 Add
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ffective date, if other than the	date of fil	lino:			(on	tional)	
an effective date is listed, the date mus	st be specific	and cannot be	prior to date	of filing or more	than 90 days af	ter filing.) Pursuant	to 605.0207
<u>iote:</u> If the date inserted in this bi ocument's effective date on the D	ock does no epartment c	ot meet the ap of State's rec	pplicable st ords.	atutory filing t	equirements, t	his date will not	be listed as
record specifies a delayed effectiv I is filed.	e date, but	not an effect	ive time, at	12:01 a.m. on	the earlier of:	(b) The 90th da	y after the
August 7th		2024	,				
		1		1			

Filing Fee: \$25.00

Typed or printed name of signee