## 118000210289

(Requestor's Name)	
(Address)	
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	

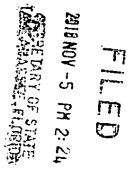
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## **COVER LETTER**

	egistration Silvision of Co					
CHD IPCT		OTION LLC				
SUBJECT	·	Name of Lin	nited Liability Company			
The enclos	sed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please retu	ırn all correspo	ondence concerning this matter	to the following:			
		REGINA STRAUSS				
			Name of Person			
		722 NE 204TH LN	Firm/Company			
		MIAMI FL 33179	Address			
		strauss2210@comcast.net	City/State and Zip Code		A THE PARTY OF THE	1
For further	information c	E-mail address: concerning this matter, please of	(to be used for future annual report notifical):	cation)	H S-	i Ti
REGINA :	STRAUSS		786 2553491		12:2 STATE LOGIO	
	Name o	of Person		Telephone Number		
Enclosed is	s a check for t	he following amount:				
\$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 Stat Certified Copy (additional copy is end		

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

ow appears on our records.) fompany)  ed on (19/04/2018 and assigned appany here:
anyny here:
toany here
ipani nere.
any," the designation "LLC" or the abbreviation "L.L.C."
NDV -5
dress on our records, enter the name of the
Enter Florida street address
, Florida

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	WAISENBERG, YAEL M	10440 SW 56TH ST	
		COOPER CITY, FL 33328	<b>5</b> 0
			■ Remove
			Change
MGR	WAISENBERG, JAHEL M	10440 SW 56TH ST	
			Add
		COOPER CITY, FL 33328	<b></b>
		-	□ Remove
			□ Change
		<del></del>	□ Remove
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\_□ Change

. If amending any other information.	enter change(s) here: (Attach additional sheets, if necessary.)	
		<del></del>
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		AON BIRE
		NO 1
Effective date, if other than the date (If an effective date is listed, the date must be s Note: If the date inserted in this block of document's effective date on the Depart	pecific and cannot be prior to date of filing or more than 90 days after filing.) Pursua loes not meet the applicable statutory filing requirements, this date will no	-5 PH/hb 24 24
he record specifies a delayed eff The 90th day after the record	ective date, but not an effective time, at 12:01 a.m. on the is filed.	
Dated NOVEMBER 2ND	2018	
Sign	ature of a member or authorized representative of a member	
REGINA STRAUSS		
	Typed or printed name of signee	

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Filing Fee: \$25.00