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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: One Oct Name of Limited	Management LLC
The enclosed Articles of Amendment and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to the	e following:
Chr	isting Pawlak
PX Licen	SINCH ACCORD
10294 1	Pellington Harc DR
- Wellington	TC 33449
chast made.	bsed for future annual report notification
For further information concerning this matter, please call:	
Christina Pawlak	at (Sd) O SSO (Marca Code) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	Note that the property of the state of the s
	Less on Filt. F
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ Certificate of Status	1 \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy Certificate of Status & Cadditional copy is enclosed) 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

_ Che Cak IV	lanagement, LLC
(Name of the Limited Liabili (A Florid	ty Company as it now appears on our vecords.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on OP (11) 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDI	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	100 E O
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, enter the name of the new ress here:
Name of New Registered Agent:	aristina Ravard
New Registered Office Address:	Oll Conneccial Rd #1A Enter Florida street address
	City Florida 33319
New Registered Agent's Signature, if changing Registere	d Agent:
provisions of all statutes relative to the proper and caccept the obligations of my position as registered a	and agree to act in this capacity. I further agree to comply with the omplete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is ed office address, I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amendin	g Authorized Person(s) authorized to ma 1 from our records:	anage, enter the title, name, and address of each	person being added
MGR = Manager AMBR = Authorized Member			
<u>Title</u>	Name	Address	Type of Action
Mge	Nicholas Alberino Se	7041 Commercial Bluch: #6A	Add
		Tamarac FC 33319	Remove □ Change
Mgc Cristina Ravard	Cristina Ravard	2041 Commercial Blud	Add
		#LOA	□ Remove
		Tamarac FL 33319	Change
			Add
		SECRETARY A	Change Change Change Remove
		(日本) (日本) (日本) (日本) (日本)	Change Add
		Remove	
			Change
- ·			_ 🖸 Add
			_□ Remove
			□ Change

D. If amending any other information, enter change	s) here: (Attach additional sheets, if necessary.)
Nicholas Alberino	has sold his ico shares
to Cristina RAUG	
	
	25
	NAME OF THE PERSON OF THE PERS
	27 2
	7/2 2
	ъ
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re-	be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(applicable statutory filing requirements, this date will not be listed as the ecords.
to the record specifies a delayed effective date, by the 90th day after the record is filed.	out not an effective time, at 12:01 a.m. on the earlier of:
Dated May 16 20 Signature of a member	or authorized representative of a member
Crist	or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00