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#### **COVER LETTER**

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TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT: CHOCK	Name of Lim	ited Liability Company	-
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	٨	Michael Bernard McKeon	
		Name of Person	
		CInder Holdings, LLC	
		Firm/Company	
	2	338 Immokalee Rd #211	
		Address	2023 350 7A
		Naples, FL 34110	SEP SEP
		City/State and Zip Code	- 5 F
	E-mail address: (	to be used for future annual report noti	
For further information c	oncerning this matter, please c	all:	3:10 第一章
Michael Be	rnard McKeon	at ( 347 ) 720-12	. , _
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	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 Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	27	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cinder	Holdings LLC	
(Name of the Limited Liability Cor (A Florida Limit	ndany as it now appears on our recorded Liability Company)	<u>k)</u>
The Articles of Organization for this Limited Liability Compa	any were filed onApril 14th, 2	019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	inhitin Company "the designation "ITC	"or the abbreviation "1 1 C "
-	aminty Company, the designation time	of the above lation to the
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
(Principal office address MOST BE A STREET ADDRESS)		20 S
Enter new mailing address, if applicable:	2338 immokalee Rd	D3 SEP -
(Mailing address MAY BE A POST OFFICE BOX)	#211	<u> </u>
	Naples, FL 34110	75 <del>2</del> 15
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ce address on our records, <u>enter</u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	3
	, Flo	orida
	City	Zip 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

Title	Name	Address	Type of Action
MGR	Dorothy McKeon	2338 Immokalee Rd #211	<b>X</b> ) Add
		Naples, FL 34110	□Remove
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			∐Add
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