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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Claim R US LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Darkys Bustos Zambrano  Name of Person  Chaim R. US LLC  Firm/Company  10 501 S. Orange Ave Ste 107  Address  Orlando, FLorida 32824  City/State and Zip Code  da bublue Lagranal. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Par Kys Buston at (407) 820 4012  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  □ \$55.00 Filing Fee Certificate of Status  □ \$60.00 Filing Fee Certificate of Status  □ \$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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32304

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Claim	n R US	5 LLC		
(Name of the Limited Lis (A Flo	ability Company as it orida Limited Liability	now appears on our Company)	records.)	
The Articles of Organization for this Limited Liability Florida document number	ty Company were 1 83959	iled on <u>03</u> 2	29 2019 and assigned	
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability co	ompany here:		
The new name must be distinguishable and contain the words	Limited Liability Con	ppany," the designation	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		·		
(Principal office address MUST BE A STREET AD	ODRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>			
B. If amending the registered agent and/or re	egistered office a	ddress on our r	ecords enter the name of there	Teu
registered agent and/or the new registered office a			35 3 T	こう
Name of New Registered Agent:			70 9	
New Registered Office Address:		Enter Florida street	address	
			, Florida	
<u> </u>	Ci	(i.	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
M <u>GRH</u>	Dar Kys Dayanz Bustos Zambrano	10501 S. orange Ave	
	Bustos Zambrano	Ste 107, Orlando	Remove
		Ste 107, Orlando Florida, 32824	Change
			Remove
			Change
			Remove
			Change
			Add
			□ Remove
			Change
			Remove
			Change
			Remove
			Change

n effecti <u>te:</u> If t	date, if other than the date of filing: 10 11 2019 (optional) we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
record he 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
ed	10   11   2019
	Dark D Brotza
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00