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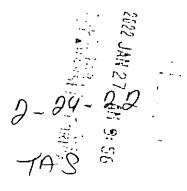
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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
	NCIAL GROUP LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	KLEBER OLIVEIRA		
	·	Name of Person	
	CKO FINANCIAL GROU	IP LLC	
		Firm Company	·
	1821 PLUMAS WAY		
		Address	······
	ORLANDO FL 32824		
		City/State and Zip Code	
	CKOFINANCIALSERVIC		
		to be used for future annual report noti	neauon)
For further information c	oncerning this matter, please ca	att:	
KELBER OLIVEIRA		239 645 2829 at ()	
Name o	f Person	Atea Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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 S Division of C P.O. Box 632	Section Torporations 17	Street Address: Registration Sec Division of Cor The Centre of T	porations allahassee
Tallahassee, l	nu 52514	Tallahassee, FL	e Street, Suite 810 , 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Norman of the United Limited Limited Limited Co	in non-arrange on our payords V	
(Name of the Chilled Clashity Co	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on <u>04/18/2019</u>	and assigned
Florida document number L19000107097		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
CKO Consulting and Tax Services LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u></u>	

		~2
Enter new mailing address, if applicable:		222
(Mailing address MAY BE A POST OFFICE BOX)		
		Fig. 22 1
		基
B. If amending the registered agent and/or registered of	fice address on our records, <u>enter th</u>	e name of the new register
agent and/or the new registered office address here:		军。 安
		÷
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	KLEBER OLIVEIRA	1821 PLUMAS WAY ORLANDO FL 32824	
			Remove
			TChange
AMBR	CRISTIANE OLIVEIRA SILVA		= Add
			⊟Remove
			! Add
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promise to the state of the	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		(optional)	
Effective date, if other than the d (If an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	be specific and cannot be prior to tk does not meet the applical	o date of filing or more than 90	days after filing.) Pursuant to	605.0207 (3) listed as the
he record specifies a delayed effective ord is filed.	date, but not an effective tirr	ne, at 12:01 a.m. on the ear	lier of: (b) The 90th day :	ifter the
Dated	2022			
		ized representative of a memb		
Peoples	0000			

Typed or printed name of signee

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