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(Requestor's Name)	
(Address)	800335298458
(Address)	000000200.00
(City/State/Zip/Phone #)	
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(Business Entity Name)	18/21/1981822838 **38.88
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COVER LETTER

	Registration Se Division of Cor			
CHD 107	229 LLC			
SOBJEC	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		JIMMY LIU		
		RELIABLE ACCOUNTIN	Name of Person	
		1991 STILLWELL AVEN	Firm/Company UE	
		BROOKLYN, NY 11223	Address	
		City/State and Zip Code RASNY888@GMAIL.COM		
		E-mail address: (to be used for future annual report i	notification)
For further	er information co	oncerning this matter, please ca	all:	
JIMMY	LIU .		347 702-7892	
	Name o	Person	Area Code Day	time Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	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 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

FILED

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229 LLC

(Name of the Limited Liability Company as it now appears on our records) (A Florida Limited Liability Company) 2149 W1 2) 5: 46 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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>	<u>Address</u>	Type of Action
MGR	JONATHAN SAVAGE		
		-	Remove
		229 IOTH STREET WEST PALM BEACH, FL 33401	☐ Kentove
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(If an ef Note:	e date, if other than the date of filing: (optional) tive 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 605,0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.
	0
Dated	VC10 BETL 11 . 0019.
Dated	OCTOBER 11 . 2019.

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00