6/10/22, 4:19 PM

Division of Corporations

Florida Department of State Division of Corporations Electronic Filling Cover Street

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CKO CONSULTING AND TAX SERVICES LLC

Account Number : I20220000100 Phone : (321)366-0510 Fax Number : (321)366-0511

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TIAGO FERNANDEZ PLLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Se Division of Cor			
	RNANDEZ PLLC		
SUBJECT:	Name of Limi	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:	
	CRISTIANE OLIVEIRA S	SILVA	
		Name of Person	
	CKO CONSULTING AND) TAX SERVICES LLC	
		Finn Company	
	1821 PLUMAS WAY		
		Address	
	ORLANDO FL		
		City/State and Zip Code	······································
	CKOFINANCIALSERVIC	ES@GMAIL.COM to be used for future unitual report notif	Similar)
For further information c	e-mail address: (concerning this matter, please ex		Hation)
CRISTIANE		239 2347415	
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	El \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Page:

TO:18506176383

FROM: 3213660511

H 220002034723

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ted Liability Compa (A Florida Limited)	ny as it now appears on our record Liability Company)	<u>h.</u>)	·
The Articles of Organization for this Limited I	iability Company	were filed on 10/17/2019	and	assigned
Florida document number [.19000251221	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	llity company here:		
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation	ı"I.L.C."
Enter new principal offices address, if applicable:		13012 BOTTESFORD DR ORLANDO 32832		
Principal office address MUST BE A STREET ADDRESS)				
inter new mailing address, if applicable:		13012 BOTTESFORD DR OF	LLANDO 32832	
Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or		address on our records, <u>enter</u>	the name of the	new regis
gent and/or the new registered office addr	ess here;			022
Name of New Registered Agent:	TIAGO C R FE	ERNANDEZ		JUH .
New Registered Office Address:	13012 BOTTE	SFORD DR ORLANDO 32832	,	10
		Enter Florida street addres		A (
	ORLANDO		orida <u>12832</u>	
		Crŷ:	Lip Co	vilu)

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 filled 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.

Tiago CR Forma-old

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5,	06/10/2022	13:29 PM	TO:18506176383	FROM: 321366051 H 22 00000	34723
lf amen or remo	ding Authorized Pe wed from our recor	rson(s) authorized <u>ds</u> :	to manage, enter the title, i	name, and address of eac	h person being a
	Manager = Authorized Mem	ber			
Title	<u>Name</u>		Address		Type of Actio
MGR	SARAH VIA	NNA COHIM	13012 BOTTESFOR	D DR ORLANDO 32832	= Add
					□Remove
			·		□Change
	 				
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	D. If a	amending any other is	aformation, enter (change(s) here: (Auach addi	tional sheets, if neccssar	r. <i>)</i>
						
	(If a	in effective date is listed, the	date must be specific ar in this block does not	ing: and cannot be prior to date of filing or t meet the applicable statutory fil t State's records.	r more than 90 days after filing	;) Pursuant to 605,0207 (3)(b)
		record specifies a delayed is filed.	l effective date, but no	ot an effective time, at 12:01 a.u	n, on the earlier of: (b) Th	he 90th day after the
	Da	nted April 25th	BOCK	2022 Fernande a member or authorized representati	of a member	<u></u>
			3. Kushing O. s	TIAGO C R FERNANDEZ		

Filing Fee: \$25.00

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