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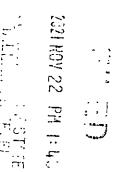
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Special Instructions to Siling Officer
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A. BUTLER DEC 1 2 2021

COVER LETTER

Registration Section Division of Corporations

TO:

CHOPCHI SUBJECT:	HITS 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	ondence concerning this matter	to the following:		
	Ivan Bravo			
		Name of Person		
	Red Square Accounting an	d Tax, LLC		
	<u> </u>	Firm/Company		
	6052 Turkey Lake Road #	144		
		Address		
	Orlando, FL, 32819			
		City/State and Zip Code		
	info@redsquaretax.com			
	E-mail address: (to be used for future annual report notification)		
For further information c	oncerning this matter, please c	all:		
Angelina Noeva		407 717-8150 at ()		
Name o	f Person	Area Code Daytime Telephone Number		
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fec	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee &: Certified Copy (additional copy is enclosed) □ \$60.00 Filing Certificate of Certified Co (additional copy Certified Co (additional copy Certified Co	f Status & py	
Mailing Address Registration S	Section	Street Address: Registration Section		
Division of C P.O. Box 632	-	Division of Corporations The Centre of Tallahassee		
Tallahassee, I		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHOPCHITS LLC	2621 NOV 22 PH 1: 40
(Name of the Limited Liability Compan (A Florida Limited L	2671 119V 22 PH 1: 40 as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company of Florida document number L19000269660	were filed on 10/28/2019
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
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 acagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent: Red Square Acco	ount and Tax, LLC

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

6052 Turkey Lake Road # 144

City

Orlando

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida 32819

Zip Code

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
AMBR	IVAN EPIFANOV	17630 ATLANTIC BLVD APT 314	= Add
		SUNNY ISLE BEACH, FLORIDA, 33160	□Remove
			□Change
		- · · - · · · · · · · · · · · · · · · ·	□ Remove
			□Change
			□ Add
			□Remove
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			□Add
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			□Remove
			□ Change

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n effecti o <mark>te:</mark> If i	date, if other than the date of filing:
cord s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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ited	Natural 16. 2021. Multiy Bebull Signature of a member or authorized representative of a member