## L20000061565

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2023 AUG 17 AM 8: 47 SECRETARY OF STATE

## **COVER LETTER**

TO:	Registration So Division of Cor					
CHDIE		ROUP LLC				
SUBIL	Name of Limited Liability Company					
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		GUERRA, JUAN				
			Name of Person			
			Firm/Company			
4520 NW 107 AVENUE APT 104						
Address						
DORAL, FL 33178						
	City/State and Zip Code JOCHELEX@GMAIL.COM				. •	
		E-mail address: (	to be used for future annual report notif	ication)	2023 SEC	
For fur	ther information c	concerning this matter, please c	all:		2023 AUG 17 SECRETARY TALLAHA	-
GUER	RA, JUAN		305 7637556 at ( )			3
	Name o	of Person		: Telephone Number	OF ST	O
Enclose	ed is a check for the	he following amount:			平 5	
<b>≡</b> \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KORPO GROUP LLC		
(Name of the Limited Liability Comp. (A Florida Limited	inv as it now appears on our records. Liability Company)	(,
The Articles of Organization for this Limited Liability Company	were filed on 02/25/2020	and assigned
Florida document number 1.20000061565		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liah</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbigviation "L.L.C."
Enter new principal offices address, if applicable:		LR E
(Principal office address MUST BE A STREET ADDRESS)		
		57 - FT1
		SELS S
Enter new mailing address, if applicable:		TAN CO MAN
Mailing address MAY BE A POST OFFICE BOX)		· ଲ 🚽
•		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
-	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, 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
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Effective date, if other than an effective date is listed, the date Note: If the date inserted in thi locument's effective date on the	DIOCK GOES	not meet the app	ucabie statuto	ng or more than 90 ry filing requires	optional days after filing nents, this dat	) g.) Pursuant to 605,020' e will not be listed as
e record specifies a dela The 90th day after the r	ed effecti ecord is fi	ve date, but r led.	not an effec	tive time, at	12:01 a.m.	on the earlier o
ated July 07		2023	·			
			K S	7		
		-77/				
***************************************	Signature	of member or au	Morized repres	ntative of a memb	krf .	

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Filing Fee: \$25.00