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COVER LETTER

TO: Registration Division of C	n Section Corporations		
	CHIES XR. LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	GEORGE E. McARDLE		
		Name of Person	
	McARDLE PEREZ & FR	ANCO PL	
		Firm/Company	
	255 ALHAMBRA CIRCL	E SUITE 925	
		Address	
	CORAL GABLES/ FL 33	125	
	CMCARIN FOMORED C	City/State and Zip Code	
	GMCARDLE@MCPER.CO E-mail address: (to be used for future annual report notification)	
For further information	on concerning this matter, please c	all:	
KATIANA HURTAI	00	305 442-2214	
Nan	ne of Person	Area Code Daytime Telephone Number	_
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee Certificate of \$ Certified Copy (additional copy is	tatus &
P.O. Box 6	on Section f Corporations	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

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our r d Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compan Florida document number L20000066934	y were filed on 2/28/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
CREWCHIEF XR, LLC		
The new name must be distinguishable and contain the words "Limited Liab	bility 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)		
		2020 MAR SECRETA
Enter new mailing address, if applicable:		SSS do
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>e</u>	ਜ਼ੀ ਨੂੰ enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street o	Mileass
	isiwer F tortuu street (
/	City	_, Florida Zip Code

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

CREWCHIES XR. LLC

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			Change
			□Add
			□Remove
			Change
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ffective date, if other than	the date of filing: $\frac{\partial}{\partial x}$	28/2020	(optional)	
an effective date is listed, the date lote: If the date inserted in this	must be specific and cannot be p	mor to date or ming or more	man 90 days after filing.) r	ursuant to 605.0207
ocument's effective date on the			equirements, this date w	in not be nated as
record specifies a delayed effe	ctive date, but not an effectiv	ve time, at 12:01 a.m. on	the earlier of: (b) The	90th day after the
d is filed.			• •	•
- /c	/			
Pated 3/5/	2020.			
	111			
		uthorized representative of		

Typed or printed name of signee