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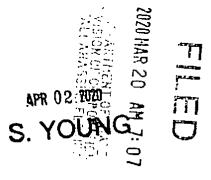
(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Se Division of Cor			
subject: <u>С</u> htс	OS CUHZ LLC Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Stephanie 1	4. Silva Daminz Name of Person	
	Chitos Cutz	Firm/Company	
	1203 Ustler	Pd Address	
	Apopra FL	32712 City/State and Zip Code	
	Chitoscutz (E-mail address: (i	o be used for future annual report notifi	ication)
For further information co	oncerning this matter, please ca	ill:	
Suprance M. S	Silva Mamriz Person	at (HO7) 760 OF	770 Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chitas Cutz LLC	2028
(Name of the Limited Liability Compa (A Florida Limited I	were filed on 03 00 2020 and assigned
The Articles of Organization for this Limited Liability Company	were filed on 03 00 2020 and assigned
Florida document number <u>L2 0000075420</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	234 Hain St
(Principal office address MUST BE A STREET ADDRESS)	Apopka FL 32703
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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
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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jose G. Nunez Cubero	1203 Ustler Rd	D Kdd
		Apapka FL 32712	□Remove
			□Change
			□Add
			Remove
			□Change
			🗆 Add
			□ Remove
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Note: If the	ate, if other than date is listed, the date date inserted in thi effective date on th	s block does no	t meet the applic	able statutory fil	more than 90 days at ing requirements,	otional) fter filing.) Pursuant to o this date will not be l	505.0207 isted as
e record spe ed is filed.	cifics a delayed effe	ctive date, but r	not an effective t	ime, at 12:01 a.n	i. on the earlier of:	(b) The 90th day a	fter the
Dated	March	_18	2020	<u></u> .			
			Alabia				
_		Signature of	member or auth	orized representati	ve of a member	**************************************	