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COVER LETTER

Registration Section

TO:

Division of Cor	porations		
CHEZ & B	RUG, LLC		
вивлест:	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:	
	Elvin Richiez		
		Name of Person	
	CHEZ & BRUG, LLC		
		Firm/Company	
	17031 SW 51 Court		
		Address	
	Miramar, Fl 33027		
		City/State and Zip Code	
	elvinrichiez@hotmail.com E-mail address: (to be used for future annual report no	lification)
For further information c	oncerning this matter, please c		
Elvin Richiez		954 881-2227	
Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration So Division of Co The Centre of	rporations
Tallahassee.	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2021, FET 15 PM 12: 20

CHEZ & BRUG, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{05/21/2020}{-}$ and assigned Florida document number _____L20000138603 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

___, Florida ___

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
MGR	Elvin Richiez		
		17031 SW 51 Court, Miramar FI 33027	≣Remove
			□Change
AMBR Elvin Richiez	Elvin Richiez	17031 SW 51 Court, Miramar Fl 33027	= Add
			□Remove
			□ Change
			□Add
			Remove
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Remove
			□Change

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(If an el <u>Note:</u>	tive date, if other than the date of filing: [O2/07/2024] [Optional] [Rective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
ora IS I	
	This
	Signature of a member or authorized representative of a member