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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT: Chew	iist Detailing i	LL	
SOBSECT.	Name of Lim	ited Liability Company	
	mendment and fec(s) are sub-	<u>-</u>	
Please return all correspon	dence concerning this matter	to the following:	
	Alexis Ro	Name of Person	
		Name of Person	
		Firm/Company	
	3865 (1)	lest 10 in CT Address	
		33012 City/State and Zip Code	
		•	
	Chemist Deta	inity (e) Outlock. Com	fication)
For further information con	ncerning this matter, please ca		
Alexis home	Li-O Person	at (305) 725	- 29 27 e Telephone Number
Enclosed is a check for the	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 Se		Street Address: Registration Sec	otion
Division of Co		Division of Cor	
P.O. Box 6327		The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

			1991 #17 17 EM 9- 99	
(<u>Name o</u>	f the Limited Liability	Company	as it now appears on our records.)	

(<u>Name of the Limited Liabil</u> (A Florid	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on June 30th 20	20 and assigned
Florida document number <u>L Zo 000 193 538</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	ited 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 ADD	(ESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	·	
B. If amending the registered agent and/or registere	d office address on our records, enter the n	ame of the new regis
agent and/or the new registered office address here:	<u> </u>	
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

<u>Title</u>	<u>Name</u>	Address 221 AU 17 Pag 3: 21	Type of Action
MGR	Alexis homero	3805 W 10th CT	_ 🗆 Add
		Hialenh Fl 33012	_ □Remove
			_ ElChange
MGR	Lazaro Sampetro	2301 Sw ath ST APT.3	_ 🗹 Ádd
		Miam. Pl 33135	_ □Remove
			_ □Change
MGA	Markiel Pena	474 E 275T Apt.5	_ TAdd
		Himlenh Fl. 33013	_ □Remove
			_ Change
			_ □Add
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	<u>.</u>
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ective	e date, if other than the date of filing: (optional) ive 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 605.020
te: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
cumen	's effective date on the Department of State's records.
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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ted	August 6 2020
	and the second of the second o
	Signature of a member or authorized representative of a member
	AIRX: S ROME TO Typed or printed name of signee