## LZ0000219868

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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2023 JUN 26 AH 7: 55

Office Use Only

C/ 8/9/2023

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: CHCO General Services LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cladia Cabrera, Name of Person
CMLO General Services LLC Firm/Company
271 West Palk Dr #7
Minus Fl 33172 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Obudia Colorera at 186, 644-9983  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee \$\bigcup \\$30.00 Filing Fee & \bigcup \\$55.00 Filing Fee & \bigcup \\$60.00 Filing Fee, Certificate of Status \$\bigcup \\$ (additional copy is enclosed) \$\bigcup \\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CMCO General Service	ces LL		2023 JUM	26 AH 7:55		
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appea ability Company)	rs on our records	9: t			
The Articles of Organization for this Limited Liability Company w	vere filed on	07/27/2020	TÄLL	and assigned		
Florida document number L2000219868						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabili	ity company h	ere:				
The new name must be distinguishable and contain the words "Limited Liability	y Company," the o	designation "LLC"	or the abbrevi	iation "L.L.C."		
Enter new principal offices address, if applicable:	7969	NW Zr	4 Str	reet		
(Principal office address MUST BE A STREET ADDRESS)	<u>Hrami</u>	, FL 33	136			
			<del></del>			
Enter new mailing address, if applicable:	<u> </u>					
(Mailing address MAY BE A POST OFFICE BOX)	·	<del> </del>	<del></del>	<del></del>		
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our 1	records, <u>enter</u>	the name of	the new registered		
Name of New Registered Agent:						
New Registered Office Address:		·				
Enter Florida street address						
	City	, Flo	rida	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	Cuy		2	ир Сове		
I hereby accept the appointment as registered agent and agree	e to act in this	canacity I for	ther acres	to comply with the		
			-			
provisions of all statutes relative to the proper and complete p	verjormance oj	i my aunes, an	a i am jami	uar wun ana		

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	Type of Action
•			□ Add
			Remove
			Change
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Effective date, if other than the date of filing:  [an effective 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 (Note: If the date inserted in this block does not neet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The record 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 dis filed.  Signature of a nyember or authorized representative of a member.		
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Filing Fee: \$25.00