(Re	equestor's Name)
(Ad	dress)
(Ad	dress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



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FILED

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ECRETARY OF STATE

TALLAHASSEE, FL



COVER LETTER

TO:	Registration Sec Division of Corp				
eun u		RVICES LLC			
SUBJE	<u></u>	Name of Lim	ited Eiability Company		
The en	ctased Arrieles of	Amendment and fee(s) are sub	mitted for filing		
		ndence concerning this matter	-		
FIGURE	redin an correspo	ndence concerning dus mader	to the following.		
		MAURICIO A MUNERA			
			Name of Person		
		CH2GO MANAGEMENT			
			Firm Company	<u> </u>	
		3014 NW 79 AVE			
			Address		
		MIAMI, FL 33122			
			City/State and Zip Code		20 SE:
		accounting(a)chargers2go.ne	et to be used for future annual report notifi	outs and	ORE CRE
For fur	ther information co	oncerning this matter, please of		canany	UL 22 M TARY OF CAHIASSEE
MAUI	RICIO A MUNER.	A	786 333-4681		ASS E III
***	Name of	Person	Area Code Daytime	Telephone Number	FILED 2024 JUL 22 MM 9: 01 SEGRETARY OF STATE TALLAHIASSEE, FL
Enclos	ed is a cheek for th	ne following amount			
≡ \$2	5.00 Filing Fee	(1) \$30.00 Filing Fee & Certificate of Status	☐ 855.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Contactional contactions	d Status & PY

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

July 3, 2024

MAURICIO A MUNERA 3014 NW 79 AVE MIAMI, FL 33122

SUBJECT: CH2GO SERVICES LLC Ref. Number: L20000232733

We have received your document for CH2GO SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being \(\omega \) returned for the following correction(s):

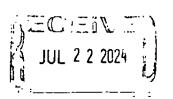
Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document (850) 245-6050.

Morgan E London

Morgan E Lovett Regulatory Specialist II

Letter Number: 724A00014597



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TO ARTICLES OF ORGANIZATION OF

	O SERVICES LLC	
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number 1.20006232733	mpany were filed on <u>08/3/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Louite	ed Liability Company," the designation "LI C" or the	abbreviation "L.1.,C"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		S 2
		7.CR
B. If amending the registered agent and/or registered	office address on our records, enter the na	me of the new thistered
agent and/or the new registered office address here:		
Name of New Registered Agent:		9: 0 E, FL
New Registered Office Address:		m –
	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

trainending Authorized recounty authorized to manage, enter the time, name, and address of each person, being added or removed from our records: or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR/P	MAURICIO MUNERA		T\Add
		3014 NW 79 AVE, MIANI, FL 33122	
			©Change
MGR/VP	JAIME MUNERA		
		3014 NW 79 AVE. MIAMI, Ft. 33122	Reniove
			□Change
MGR	CH2GO MANAGEMENT ELC	3014 NW 79 AVE. MIAMI, FL 33122	= Add
			JUL T
			_:Change
			Z.Add
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			Add
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ective date, if other than the date of filing	g: (optional)	
effective date is listed, the date must be specific and te: If the date inserted in this block does not a	cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 neet the applicable statutory filing requirements, this date will not be lis)5,02 sted
rument's effective date on the Department of S	tate's records.	мец
	an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	ler t)
s filed.		
-1 122 1231 -		
cd 7/12/24.	· -/	
1 2771	nK	
Signature of a r	member or authorized representative of a member	
1		
· Ma	juricio Munera	
	Typed or printed name of signee	

Filing Fee: \$25.00