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COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

CHB ICCT.	PHOENIX QUEEN LLC		
SUBJECT:	Name of Lim	uited 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:	
	Shadey Derivois		
		Name of Person	
		Firm/Company	
	2221 N University Dr Ste	D	
		Address	
	Pembroke Pines FL 33024		
	cirocobama305@gmail.con	City/State and Zip Code	
	• •	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Shadey Derivois		305 8501285	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne 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		Street Address:	ation
Registration ! Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hatian Phony Quen UC (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 08/25/2020 Florida document number L20000263401	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
CirocObama LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the above the company of the designation "LLC" or the above the company of the designation "LLC" or the above the company of the designation "LLC" or the above the company of the designation "LLC" or the above the company of the designation "LLC" or the above the company of the designation "LLC" or the above the company of the designation "LLC" or the above the company of the designation "LLC" or the above the company of the designation "LLC" or the above the company of the designation of the company of the compa	obreviation "L.L.C."
(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 namagent and/or the new registered office address here: Name of New Registered Agent:	ne of the new registered
New Registered Office Address: Enter Florida street address	- 68
, Florida	Zin 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 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
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			Петюче
			□Add
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effective <u>e:</u> If the	ate, if other date is listed, is date inserted effective date	he date must d in this blo	be specific an ck does not i	d cannot be p meet the ap	plicable stat	filing or more	(op than 90 days af equirements, t	otional) ter filing.) Pur his date will	suant to 605.02 not be listed
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