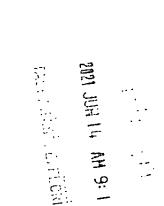
## KZI CCO 113433

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(Document Number)
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Property of State Addition

## **COVER LETTER**

Chain-Break	er & Way-Maker LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fec(s) are sub-	nitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Jared Louree		
		Name of Person	
	Chain-Breaker & Way-Ma	ker	
		Firm/Company	<del></del>
	6901 NW 2ND CT		
		Address	
	Miami, FL 33150		
		City/State and Zip Code	<del></del>
	Chainbreakerwaymaker@g		
	E-mail address: (	to be used for future annual report notific	cation)
For further information co	oncerning this matter, please c	all:	
Jared Lource		929 312-1782 at ()	
Name o	f Person	Area Code Daytime	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 Addres		Street Address:	
Registration 5	Section	Registration Sect	
5: : :		Division of Corn	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

**Registration Section** 

**Division of Corporations** 

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ny as it now appears on our rec Liability Company)	<u>.orus.</u> )
The Articles of Organization for this Limited Liability Company florida document number <u>L21000113433</u> .	were filed on June 6th, 2021	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "I	.L.C" or the abbreviation "L.1C."
Enter new principal offices address, if applicable:	601 Brickell Key	282
Principal office address MUST BE A STREET ADDRESS)	Suite 700	
	Miami, FL 33131	
inter new mailing address, if applicable:	601 Brickell Key	
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>	Suite 700	0
	Miami, FL 33131	<u> </u>

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		
AMRR =	Authorized	Membe	

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
			□ Change
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fective date, if other than the date of filing:		(optional)	
n effective date is listed, the date must be specific and cannot be prior ote: If the date inserted in this block does not meet the applic		90 days after filing.) Purs	
cument's effective date on the Department of State's records.			or notes
record specifies a delayed effective date, but no The 90th day after the record is filed.	et an effective time, a	it 12:01 a.m. on t	he earlier
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