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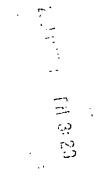
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

CHDIEZT.		itality Group LLC	
SUBJECT:	Name of Lim	ited 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:	
		Laurie Satel	
		Name of Person	<del></del>
		Satel Law PLLC	
		Firm/Company	
		3903 Northdale Blvd Ste 100E	
		Address	· · · · · · · · · · · · · · · · · · ·
		ampa, FL 33624	
	E-mail address: (	City/State and Zip Code  REZ 1999 YA  to be used for future annual report noti	Neo, Com lication)
For further information of	concerning this matter, please c	all:	
DAMNEY	SUAREZ of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of O P.O. Box 633 Tallahassec.	Section Forporations 27	Street Address: Registration Se Division of Co The Centre of 12415 N. Monro	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Compa</u> (A Florida Limited I.	ny as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L21000142474}{L21000142474}$ .	were filed on 3/26/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	510 Lanc Avenue S	
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32254	
Enter new mailing address, if applicable:	510 Lane Avenue S	
(Mailing address MAY BE A POST OFFICE BOX)	rable:  OFFICE BOX)  510 Lane Avenue S  Jacksonville, FL 32254  and/or registered office address on our records, enter the name of the new registered	
(Manang dataress MAT BE AT OST OFFICE BOA)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		of the new registered
	Enter Florida street address	to comply with the niliar with and this document is
	, Florida	Zip Code Ci
New Registered Agent's Signature, if changing Registered Agent:		3
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fa provided for in Chapter 605, F.S. Or, i	miliar with and f this document is

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>	<u>Address</u>	Type of Action
AMBR	Damney Suarez	510 LANE AVE S JACKSONVIlle, FC 3225	□Add
		JACKSONVIlle, FC 3225	SY_ □Remove
			<b>≡</b> Change
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l is filed.	ies a delayed effectiv	e date, but not a		at 12:01 a.m. on	earlier of: (b)	The 90th day after t	he
	9/30	·	<u> 2021</u> .				
ated							
ated	<u></u>	Signature of a n	ember or authorized	I representative of a	member		

Filing Fee: \$25.00