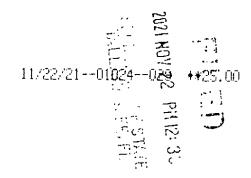
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A. BUTLER DEC 1 0 2021

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Chivo's MultiServices (CC. 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:
AryANdo Rodriguez Gutiener
CHIND'S MULHSERVIES LLC
18396 SW 138 CT
11.4Mi, FZ-33177 City/State and Zip Code
YOUNGUEZ OF MAN DE GO REGION CIL, COM JE-mail address: (To be used for future annual seport notification)
For further information concerning this matter, please call:
AVMINDO MODIFICATION OUTS OF PERSON Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	
CHINO'S MULTISEL	Inpuny as it new appears on c	2021 NOV 22 PH 12: 3L
(A Florida Limited Liability Comp The Articles of Organization for this Limited Liability Comp Florida document number <u>LQICOCIAG 273</u> .	ompany as it now appears on collect Liability Company) pany were filed on	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here: (Chino's Multi Services
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA	
(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 off agent and/or the new registered office address here:	fice address on our record	ls, enter the name of the new registered
Name of New Registered Agent:	MA	
New Registered Office Address:	Enter Florida str	veet address
		Florida
	City	, Florida Zip Cade

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
MGR	Armando Rodiguez		□Add
	CIMITICIVE.2	RMANdo Rodriguez Gutterreza	Remove
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If amen	nding any o	ther info		iter chan	ge(s) here: NA Aa	(Attach a	dditional s V < L	heets, if nee	essary.)	
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Dated .	11/1.	5/	 -		2021	_ ·				
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Filing Fee: \$25.00