L21000151872

(Re	questor's Name)	
(Ad	idress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
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COVER LETTER

CUDIEC		H Advisors	SLLC			
SUBJEC	#T:	_	Name of Limit	ted Liability Company	·	
The encl	osed Art	icles of Ar	nendment and fee(s) are subn	nitted for filing.		
Please re	turn all (correspond	ence concerning this matter t	o the following:		
			Heriberto Nunez-Aguilar			
				Name of Person		
		Sign of Corporations C3H Advisors LLC Name of Limited Liability Company If Articles of Amendment and fee(s) are submitted for filing. If all correspondence concerning this matter to the following: Heriberto Nunez-Aguilar Name of Person C3H Advisors LLC Firm/Company 8495 NW 168th Terrace Address Miami Lakes, FL 33016 City/State and Zip Code herynunz22@gmail.com E-mail address: (to be used for future annual report notification formation concerning this matter, please call: unez-Aguilar Name of Person Area Code Daytime Telest check for the following amount:				
				Firm/Company		·
		C3H Advisors LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Heriberto Nunez-Aguilar Name of Person C3H Advisors LLC Firm/Company 8495 NW 168th Terrace Address Miami Lakes, FL 33016 City/State and Zip Code herynunz22@gmail.com E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: Intez-Aguilar Name of Person Area Code Daytime Telephone Number check for the following amount: tiling Fee Certificate of Status (additional copy is enclosed) Certificed Copy Certificate of Status & Certificed Copy Certificed Copy				
				Address		
	C3H Advisors LLC BJECT: C3H Advisors LLC enclosed Articles of Amendments and correspondence of the second and the second an	Miami Lakes, FL 33016				
			Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Idence concerning this matter to the following: Heriberto Nunez-Aguilar Name of Person C3H Advisors LLC Firm/Company 8495 NW 168th Terrace Address Miami Lakes, FL 33016 City/State and Zip Code herynunz22@gmail.com E-mail address: (to be used for future annual report notification) neerning this matter, please call: Person at (
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For furth	ier inforr	nation con			eport nonneation)	
			, , , , , , , , , , , , , , , , , , ,	305 815	-2908	
		Name of P	erson		Daytime Teleph	one Number
Enclosed	l is a che	ck for the	following amount:			
≡ \$25.	00 Filing	g Fee		Certified Copy		Certificate of Status & Certified Copy

Mailing Address:
Registration Section
Division of Corporations

P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



C3H Advisors LLC

21 MAY 24 AH 10: 48

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

ation for this Limited Liability Company were filed on April 1, 2021

The Articles of Organization for this Limited Liability Company	were filed on April I	1, 2021	and assigned
Florida document number L21000151872			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the design	nation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(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 agent and/or the new registered office address here:	address on our reco	rds, enter the nam	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:	_		
	Enter Florida s	street address	
		, Florida	Zip Code
	•		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr	ee to act in this cap	acity. I further agi	ree to comply with the

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 AMBR = Authorized Member

MGR = Manager AMBR = Authorized Member		Explication of the CAMPAGE			
<u>Title</u>	<u>Name</u>	Address 21 MAY 24 AM 10: 48	Type of Action		
AMBR	Cinthia C. Ganchozo-Cortez	8495 NW 168th Terrace, Miami Lakes, FL 33016	■Add		
			□ Remove		
			□Change		
AMBR	Leopoldo E. Diou	8495 NW 168th Terrace, Miami Lakes, FL 33016	= Add		
			□Remove		
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			Change		

or in amending any other miore	nation, enter change(s) here: (Attach	Aveilable of the second	
		21 MAY 24 AM 10: 48	
			
			
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		·	
E. Effective date, if other than the (If an effective date is listed, the date m Note: If the date inserted in this I document's effective date on the	plock does not meet the applicable statutor	(optional) ng or more than 90 days after filing.) Pursuant to 605.02 y filing requirements, this date will not be listed	907 (3)(as the
If the record specifies a delayed effect record is filed.	ive date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after th	ne
Dated May 18	2021		
	die		
	Signature of a member or authorized represe	ntative of a member	

Typed or printed name of signee