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Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Corporations
SUBJECT: Chosen 1 Enterprise Group LLC Name of Emitted Liability Company
Name of Limited Diability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Crystal Wllox Name of Person
Chosen 1 Entrovise Group LLC
6811 Full Ford Wridge Dr
Apollo Beach Fl 33572 City/State and Zip Code Ch WI COX 10 & yahoo COM F-mail address: (to be used for future annual seport notification)
Ch WICOX 10 & Janoo COM F-mail address: (to be used for future annual seport notification)
For further information concerning this matter, please call:
Crystal WICOX at (941) 584-1661 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee U \$30.00 Filing Fee & U \$55.00 Filing Fee & U \$60.00 Filing Fee. Certificate of Status Certified Copy tadditional copy is enclosed) Certified Copy Certified Copy
plready sent money order tadditional copy is enclosed
Mailing Address: Registration Section Street Address: Registration Section
Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

ChosenI needs-to be alt gether like one word

2415 N. Mouroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION RECEIVED OF

Chosen 1 Enter	prise Grozoga AR - 1 8412.13
(<u>Name of the Limited Liability Co</u> (A Florida Limi	ted Liability Company) SECRE ANY TALL ANASSEE, FL
The Articles of Organization for this Limited Liability Comp.	any were filed on May 19, 202 lind assigned
Florida document number <u>L210003330</u> 3	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited l</u>	liability company here:
The new name must be distinguishable and contain the words distinguishable and disti	dability Company," the designation "LLC" or the abbreytation "L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4811 Guilford bridge Dr Apollo Beach El 33572
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street whitres
	, Florida
New Registered Agent's Signature of changing Registered Agent	· · · · · · · · · · · · · · · · · · ·

New Registered Agent's Signature, it 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.

Il 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>	Address	Type of Action
MGR	Crystal Wilcox	6811 Guilford Bridge Drive Apoolo Fl. 33572	□Add
			□Remove
	Janisha Simmons		\times\text{Change}
			□Add
			©Remove
			□Change
	Jalik Simmons		□Add
			Remove
			□Change
	Zakeya Wilcox		□Add
		•	CRemove
	() () () () () () () () () ()		□Change
	Lytreeon Collins		□Add
			WRemove
	Robert Wilcox		Change
			🗹 Remove
			□Change

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(If an eff Note:	ve date, if other than the date of filing: 5/17/202/ (optional) cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 to the date inserted in this block closs not meet the applicable statutory filing requirements, this date will not be listed as to
docum	ent's effective date on the Department of State's records.
he recor ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	
	Signature of a member or authorized representative of a member CRYS to WICOX Typed or printed name of signee