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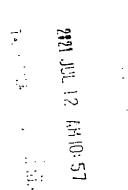
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Office Use Only



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COVER LETTER

Registration Section Division of Corporations

TO:

CHD IFCT.	NE	EROD 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	ndence concerning this matter	to the following:	
		Name of Person	
	LEGIT (CONSULTING SERVICES, LLC	
		Firm/Company	
	6735 CO	NROY WINDERMERE RD, STE	E 233
	-	Address	<u> </u>
		ORLANDO, FL 32835	
		City/State and Zip Code	
		JSINESS@LEGITCS.COM	· C · · · · · · · · · · · · · · · · · ·
		to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
FABIANA DE I	BARROS	407 285	2290
Name o	f Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Solution of Co The Centre of 2415 N. Monre	orporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NERC	DD ELC		
(<u>Name of the Limite</u>)	d Liability Compa A Florida Limited	iny as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Lia		were filed on	06/17/2021	and assigned
lorida document numberL21000282150	 ,			
his amendment is submitted to amend the follow	wing:			
a. If amending name, enter the new name of	the limited liab	ility company he	<u>re</u> :	
N/A				
he new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the de	signation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	N/A	-	7 29
Principal office address MUST BE A STREET	ADDRESS)		. <u>.</u>	(= <u></u>
				
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>
				•
3. If amending the registered agent and/or regent and/or the new registered office address	here:	address on our re	cords, <u>enter the r</u>	name of the new regist
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Flori	da street address	
		City	Florida	Zip Code
		Cuy		гір Соае

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 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	NEMER RODRIGUES, TALITA	4A ABERDEEN RD BLACKBURN SOUTH	□Add
		MELBOURNE, VI 3130 AU	■Remove
			Change
	<u> </u>		□ Add
			□Remove
			Change
			□Add
		<u> </u>	Remove
		· 	Change
		<u>-</u>	SJ G⊡Add
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			□Change

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IIINF 4.0 2071	0th day after th
ted JUNE. 29 . 2021	
Cesar Rodriques	
Cosar Rodriguas (Jun 25, 2021 09:47 GM L+10) Signature of a member or authorized representative of a member	

Filing Fee: \$25.00