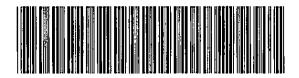
L21000318093

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| TO: | Registration Se Division of Cor | | | : | |
|---------|------------------------------------|--|--|--|--|
| CHRIC | | IOLDING, LLC | | | |
| SUBJE | .C1: | Name of Lin | ited Liability Company | | |
| The end | closed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please | return all correspo | ndence concerning this matter | to the following: | | |
| | | ROSA ESTELA MORAL | ES | | |
| | | | Name of Person | | |
| | | AXIOM ACCOUNTING | PA | | |
| | | | Firm/Company | | |
| | | 4951 TAMIAMI TRAIL N | NORTH SUITE 103 | | |
| | | Address | | | |
| | | NAPLES FL 34103 | | | |
| | | | City/State and Zip Code | | |
| | | EMORALES@AXIOMAC | | | |
| For fur | her information co | oncerning this matter, please c | to be used for future annual report noti all: | nication) | |
| ROSA | ESTELA MORA | LES | 239 255-8126 at () | | |
| | Name o | f Person | Area Code Daytim | e Telephone Number | |
| Enclose | ed is a check for th | ne following amount: | | | |
| □ \$2: | 5.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| | Mailing Address Registration S | | Street Address: Registration Se | ction | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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**

| ANFORT HOLDING, LLC | | |
|---|--|-----------------------|
| (Name of the Limited Liability Compa (A Florida Limited | any as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L21000318093</u> . | were filed on 07/12/2021 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the limited liab</u> | oility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the | abbreviation "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 records, <u>enter the na</u> | me of the new registe |
| Name of New Registered Agent: | | |
| New Registered Office Address: | |) FT |
| | Enter Florida street address | , ; ; , ; |
| | , Florida _ | |
| Now Designand Agent's Signature if shancing Designand Agent | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | • | Ę |

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 |
|--------------|-----------------------|------------------|----------------|
| MRGM | FRANCHI LEANDRO PABLO | 8939 NW 114 ST | |
| | | HIALEAH FL 33018 | □Remove |
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| (If an effec Note: If | e date, if other than the date of filing: |
| he record : ord is tiled | 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 I. |
| Dated _ | October 28. 2021. |
| | Signature of a member or authorized representative of a member |
| | FRANCHI LEANDRO PABLO-MGRM Leandro Franchi |

Filing Fee: \$25.00