121000349095

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COVER LETTER

	Registration S Division of Co			•
CHD ICA	Don Bish	op Road LLC		
SUBARC	T:	Name of Lim	ited Liability Company	
The encl	osed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all corresp	ondence concerning this matter	to the following:	
		Angela Garner		
			Name of Person	
		ZenBusiness, Inc.		
			Firm/Company	
		5511 Parkerest Drive, Suit	e 103	
			Address	
		Austin, TX 78731		
			City/State and Zip Code	
		fulfillment@zenbusiness.co		
		E-mail address: (to be used for future annual report notif	ication)
For furth	er information	concerning this matter, please ca	ıll:	
Angela (Garner c/o Zenl	Business, Inc.	844 493-6249 at ()	
	Name	of Person	at ()at () Daytime	Telephone Number
Enclosed	is a check for	the following amount:		
■ \$25. 0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Link)	ility Company as it now appears an our records	
(A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number $\frac{1.21000349095}{1.21000349095}$	Company were filed on <u>08/03/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
3. If amending the registered agent and/or reg registered agent and/or the new registered office ad		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
rem registered office regards.	Enter Florida street address	
	, Flor	ida
	City	ida Zip Code

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>	Name	Address	Type of Action
AMBR	Mary Hauptman	535 Broad Hollow Rd., ste A1 Melville, NY 11747	■ Add
			Remove
			☐ Change
			Add
			Remove
			Change
			Add
			Remove
			Change
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			Remove
			□ Change
			Add
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			Change

If amending any other information	-		,	
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		<u>-</u> _		
		_ <u>-</u>		
				
				
				
Effective date, if other than the data an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Dep	k does not meet the appli	cable statutory filing	(optional) ore than 90 days after filing.) P g requirements, this date wi	ursuant to 605.0207 (Il not be listed as t
ne record specifies a delayed on The 90th day after the recor	effective date, but no d is filed.	ot an effective ti	ime, at 12:01 a.m. or	the earlier of:
Dated September 10	2021			
S Rachael		iorized representative	of a member	
.,	7	ion ea representative	or a memoer	

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Filing Fee: \$25.00