121000386545

(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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CHD IE		LC	•	
SUBJEC	-1; <u> </u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
			-	
		Surojinie Hoffman		
		 	Name of Person	
			submitted for filing. Inter to the following: Name of Person Firm/Company VC Address City/State and Zip Code relaw.com ress: (to be used for future annual report notification) see call: 1 239	
	Name of Limited Liability Company closed Articles of Amendment and fec(s) are submitted for filing. eturn all correspondence concerning this matter to the following: Surojinic Hoffman			
			Address	
		Naples, FL 34109		
			•	
		· ·		tification)
For furth	er information c		•	(meadon)
Jeffrey S	S. Hoffman			
	Name o	f Person		me Telephone Number
Enclosed	l is a check for th	ne following amount:		
\$ 25.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
				ection
	_			
	P.O. Box 632	27	The Centre of	Tallahassee
	Tallahassee, I	FL 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5 Chiren, LLC		
(<u>Name of the Limited Liability Comp</u> (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>L21000386545</u>	were filed on August 30, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
	 -	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the nam	e of the new regis
gen and of the new registered office address here.		
Name of New Registered Agent:		
-		
New Registered Office Address:	Enter Florida street address	
		Ö
	, Florida	Zip Code
	City	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 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	Surojinie Hoffman	10504 Winterview Drive	⊟ Add
		Naples, FL 34109	□Remove
			□Change
AMBR	Jeffrey Hoffman	10504 Winterview Drive	□Add
		Naples, FL 34109	≣Remove
			□Change
			
			□ Remove
			Change
		-	□Remove
			Change
			🗀 Add
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Effective	e date, if other	than the dat	e of filing	:			(optio	nal)	
If an effect Note: If	tive date is listed,	the date must be sed in this block	specific and o does not me	cannot be pri eet the appl	icable statute		n 90 days after	filing.) Pursuant to date will not be	
e record s rd is filed	specifies a delay 1.	ed effective da	e, but not a	an effective	time, at 12:0	1 a.m. on the	earlier of: (b)	The 90th day	after the
Se Dated	eptember 2	-O		2021					
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		WV	سر ۴						
		Sign	ature of a m	ember or au	horized repres	entative of a m	ember		-