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A. RIVERS MAY - 8 2023

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Chavensky N Name of Limi	Lowing (((
		-	
Please return all correspon	ndence concerning this matter	to the following:	
	Andrew	Chowensky Name of Person	
	<u>Chavans</u>	Sky Mowing L	((
	Division of Corporations CT: Charansky Mauring (() Name of Limited Liability Corporaty Lorent all correspondence concerning this matter to the following: Addrew Mawersky Mawing LLC Firmetompany 4233 watowa Ave North Port Address Worth Port FL 34381 City/State and Zip Code Charansky Mawing LCC City/State and Zip Code City/State and Zi		
	worth Port	City/State and Zip Code	
	L-mail address: (t	ky & amail cam	fication)
For further information ec	oncerning this matter, please ca	dl:	
Andrew cho	Person	at (<u>441</u>) <u>(at 5- 8</u> Area Code Daytin	626 ne Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			ction
Division of Co P.O. Box 632	-	Division of Cor The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited (A	Liability Company a Florida Limited Liab	as it now appears ility Company)	on our records.)		
The Articles of Organization for this Limited Liab	oility Company we	re filed on	9.17.202	and ass	signed
Florida document number 121000 39763	31				
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the	he li <u>mited liabilit</u> y	y company her	<u>e</u> :		
Chowansky Pro	operty Modes "Limited Etability	cintencir Company," the des	ICE LLC Signation "LLC" or the	abbreviation "L.	.L.C."
Enter new principal offices address, if applicab	ole: _	Andrew	chavenski Notova Ju	4	
(Principal office address MUST BE A STREET	<u>ADDRESS)</u> _ -	4233 L No/46 I	Natoua du Port, Pl 3	6 1286	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BE	<u>0.X)</u> _				
B. If amending the registered agent and/or regagent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	<u>here</u> :		ky Ve da street address , Florida	R-1	· · · · · · · · · · · · · · · · · · ·
	North	Port	, Florida	Zip Code	<u>6</u>

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 Hegistered 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
			□Add
			□Remove
			Change
			
			□Remove
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fective	date, if other tha	n the date of f	filing:			(optional)	
n elfectiv	date, if other that e date is listed, the da ne date inserted in t	ate must be specifi	ic and cannot be j	prior to date of fil	ng or more than 90	days after filing.) P	arsuant to 605.0207 If not be listed as
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