8/23/22, 11:29 AM

Division of Corporations

## Florida Departi

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC

Account Number : I20060000012 : (305)826-5886 : (305)722-0535 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Canil	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **CHEBECK GROUP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Help

1119 24 2022 ( Bruinbley Page: 2 of 4

## ARTICLES OF AMENDMENT TO A ARTICLES OF ORGANIZATION OF

CHEE	BECK GROUP LLC			
(Name of the Limited Liability (A Florida	ty Company as it now appears Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability C	ompany were filed on	01/11/2022	and assigne	rd
Florida document numberL22000025319	<del></del> -		•	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ited liability company her	<u>e</u> :		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the des	signation "LLC" or the a	bbreviation "L.L.C.	<del>-</del>
Enter new principal offices address, if applicable:		<u>.                                    </u>	<del></del>	
(Principal office address MUST BE A STREET ADDR	RESS)			
			<del></del>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				<del></del>
		<del></del>		
B. If amending the registered agent and/or registere	d office address on our re	cords, <u>enter the nar</u>	ne of the new re	gistered
agent and/or the new registered office address here:			2022   SER	•
Name of New Registered Agent:			CAU CAE	
			23 23	FII
New Registered Office Address:	Enter Flori	da street address		1000 0000 0000 0000 0000 0000 0000 000
		, Florida	(T) (C) (TE	
	Ciŋ		Zip Code	
New Degletered Agent's Signature If changing Registers	d Agent:		· . U1	

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 heing 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:

From: Martin Collante

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Cherenek Cherenek, Meyed	4189 SW 23 ST DOOR #2	
		FORT LAUDERDALE, FL 33317	≅Remove
			□ Change
MGR	ROPAIN MATIZ, EDGARDO	4189 SW 23 ST	<b>∃</b> Add
		FORT LAUDERDALE, FL 33317	Reniove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Removc
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

signature of entended authorized representative of a member		
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.030  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.  The record 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 red is filed.  Dated  AUGUST 23RD  202  Signature of internal of authorized representative of a member		
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