## 122 000032885

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## **COVER LETTER**

TO:	Registration Se Division of Cor		• •	
CHIP ICA		stment Group, LLC	•	
SUBJEC	.1:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Melissa Santiago		
			Name of Person	
			Firm/Company	
		18340 NW 13TH Street		C. T.C. 229.
			Address	,
		Pembroke Pines, Florida 3	3029	Ğ
			City/State and Zip Code	
		MSantiago1011@gmail.cor		<u> </u>
For furth	er information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report no all;	tification) PO
Melissa	Santiago		786 210-6608	
	Name o	f Person		ne Telephone Number
Enclosed	I is a check for th	ne following amount:		
<b>■ \$2</b> 5.	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:		Street Address: Registration Se	ection	
Registration Section Division of Corporations			Division of Co	
	P.O. Box 632	27	The Centre of	Tallahassee
	Tallahassec,	FL 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eridia Investment Group, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{1/19/2022}{1}$ and assigned Florida document number \_\_\_\_\_\_L22000032885 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) क्र B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida \_ City 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Luz Neida See	13626 SW 114 Lane, Miami, Florida 33186	■Add
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Tective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior  ote: If the date inserted in this block does not meet the applic	to date of filing or more than 90 days after filing.) Pursuant to 605.03
ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective ti	ime, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
July 19 2022	
ated 2022	<u> </u>
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	orized representative of a member
/ \ Signature of a member or auth	orized representative of a member

Filing Fee: \$25.00