Florida Department of State Dixision of Corporations // Meckanic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHEVRES MANAGEMENT LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chevres Management LLC	
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.\ I Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number L22000113312	y were filed on 03/04/22 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Lial	
the new name must be distinguishable and contain the words "Elimited Liat	or the abbreviation "L.C." or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	2023
	تن تر
Enter new mailing address, if applicable:	٥
(Mailing address MAY BE A POST OFFICE BOX)	· ·
	P. A.
	, o o
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
· · · · · · · · · · · · · · · · · · ·	Enter Florida street address

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.

Cav

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_	Roberto Chevres	PO BOX 282	XiAdd
		TOA ALTA, PR 00954	□Remove
			☐ Change
			∐Add
			□Remove
			☐ Change
			□Add
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	Matthews and the state of the s		
			□Remove
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	·		□ Add
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			Remove

	<u>.</u>	
		
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Note: If the da	if other than the date of filing: e is listed, the date must be specific and cannot be inserted in this block does not meet the active date on the Department of State's re-	(optional) se prior to date of filing or more than 90 days after filing.) Pursuani to 605.0207 applicable statutory filing requirements, this date will not be listed as records.
the record specific ford is filed.	es a delayed effective date, but not an effec	ctive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	March 3 20	23
	Signature of a member of	or authorized representative of a member
	Not	Smith
-	Typed (or printed name of signee

Filing Fee: \$25.00