L22000140515

(Re	questor's Name)	
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SECRETARY OF STATE OF CORPORATIONS

JUN 2 1 2022

COVER LETTER

	Registration So Division of Cou			•
CHD IV		SERVICES CORE LLC		
PODIEC	- I i	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		ROBINSON VASQUEZ		
			Name of Person	
		VASQUEZ HERNANDE	Z CONSULTING SERVICES C	ORPORATION
			Firm/Company	
		4134 NW 79TH AVE AP	T IC	
			Address	10 19
		DORAL, MIAMI, FL 331	66	
			City/State and Zip Code	
		ROBINSON@VASQUEZI		
			to be used for future annual report n	otification)
For furth	er information of	oncerning this matter, please c	all:	
ROBINS	SON VASQUEZ	7.	305 8014681 at ()	
	Name o	f Person	Area Code Dayt	imc Telephone Number
Enclosed	l is a check for t	he following amount:		
■ \$25.	00 Filing Fee	S30.00 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 Addres		Street Address: Registration S	Section
	Division of C		Division of C	
	P.O. Box 632		The Centre of	
	Tallahassee,	rl 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited I	Liability Company were filed o	m MARCH 22, 2022 and assigned
Florida document number L22000140515		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability compa	ıy here:
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "L.I.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	11.7.
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(<u>Mailing address MAY BE A POST OFFICE</u>	<u></u>	
B. If amending the registered agent and/or	registered office address on a	our records enter the name of the new region
agent and/or the new registered office addre	• •	ur records, enter the name of the new reg.
Name of New Registered Agent:	VASQUEZ HERNANDEZ	CONSULTING SERVICES CORPORATION
New Registered Office Address:	4134 NW 79AVE APT IC	<u> </u>
	Ente	r Florida street address
	DORAL	, Florida 33166
	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 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>	Address	Type of Action
AMBR	Jose Manuel Da Silva Garcia	CABALGATA 5, COLONIA COLINAS DEL SUR	등 ∧dd
		ALCALDIA ALVARO OBREGON, CP 01430,	□Remove
		MEXICO CITY, MEXICO	□Change
			🗆 Add
			□Remove
			🗆 Change
			🗆 Add
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Signature of a member or authorized representative of a member	A	pril 9 2022
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Filing Fee: \$25.00