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COVER LETTER

Division of Cor			
SUBJECT:	The Cleup	atra Group L	LC
	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Amilly	Y Perez Name of Person	
	The CI	Cepatra Goup U	C
	2800 N	Ocean of Apt	B-9A
	Riviera	Beach, FL 3 City/State and Zip Code RE Ogmail. C	3404
	Aniley (LE E gmail. C	OY)
For further information e	oncerning this matter, please c	all:	
Amley	Person	at (<u>305</u>) 318 Area Code Daytime	9190 Telephone Number
Enclosed is a check for the	ne following amount:		
\$\$25.00 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 Odden		Comme Addussin	

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22.0

20.

(Name of the Limited Liability Comp (A Florida Limited	CHYA Green and a street of the company of the compa	n our records.)	OBERT
The Articles of Organization for this Limited Liability Company Florida document number L2200169318.	y were filed on AC	ril 8,7022	7 PH dissigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here	:	
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ility Company," the desig	gnation "LLC" or the abbreviation	"LLC."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2800 N R-IVIERA	oceun Dr Ac Beach, Fl 33	ot 6-9A 3404
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	ords, <u>enter the name of the</u>	new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	street address.	
	tmer r torda		
	City	, Florida Zip Ce	ode

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>	Name		Type of Action
Manager	Aniley Perez	2800 N OLEGA Dr Apt B9	T WAdd
	l	2800 NOveron Dr Apt B94 Riviera Beach, FL 33401	Remove
			_ 🗆 Change
AMBR	Haytham Helmi	2800 N Ocean or Apt B9	Azado
	•	2800 N Ocean or Apt B9 Civiera Beach, FL 33404	_ □Remove
			_ □Change
			_ 🗆 Add
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cord specifies a delayed effective date. filed.	but not an effecti	ve time, at 12:01	a.m. on the earlier	off (b) The 9	0th day a _=:	
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