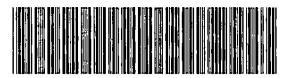
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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FILED SECRETARY OF STATE SECRETARY OF STATE

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COVER LETTER

		ration Sect n of Corpo			
CHD IEZ		IAVEZ EN	TERPRISES LLC	,	•
SUBJECT:			Name of Lim	ited Liability Company	
The encl	osed Ar	ticles of Ai	mendment and fee(s) are sub	omitted for filing.	
Please re	eturn all	correspond	dence concerning this matter	to the following:	
			PATRICIA CHAVEZ		
				Name of Person	
			CHAVEZ ENTERPRISES	SLLC	
				Firm/Company	
			4403 VENUS AVE		
				Address	
			WEST PALM BEACH, FI	L 33406	
				City/State and Zip Code	
			Chavez D 223 E-mail address:	Beyando . Com to be used for future annual report notifi	cation)
For furth	ner infor	mation con	cerning this matter, please c		
F	atr	14a Name of P	Chavez	at (<u>561)</u> <u>951-3</u>	3448 Telephone Number
		, , , , , , , , , , , , , , , , , , , ,		7,100, 500, 51,1111	
Enclosed	l is a cho	eck for the	following amount:		
■ \$25.	.00 Filin	g 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)
	Regist	Address:		Street Address: Registration Sec	
		on of Cot Box 6327	porations	Division of Corp The Centre of Ta	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHAVEZ ENTERPRISES LLC		
(<u>Name of the Limited Liability</u> (A Florida	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 04/21/2022	and assigned
Torida document number L22000190506	_'	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
he new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	ESS)	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records, <u>enter th</u>	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
·	, Flor	ida
	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>	<u>Address</u>	Type of Action
MGR	Victor Chavez	4403 Venus Ave	≣ Add
		West Palm Beach, FL 33406	_
			□Change
AMBR	Patricia Chavez	4403 Venus Ave	□ Add
		West Palm Beach, Fl 33406	□Remove
			■Change
-			□ Add
			□Remove
			☐Change
			□Add
		<u></u>	□Remove
			□ Change
			□Remove
			🗆 Change
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

date, if other than the date of filing:	(
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(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 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated ___ 2022 Signature of a member or authorized representative of a member PATRICIA CHAVEZ

Typed or printed name of signee