L22000238793

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
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COVER LETTER

	egistration Sec ivision of Corp				
CHD IECT		E HOLDINGS LLC			
SUBJECT	:	Name of Lim	ited Liability Company		
		mendment and fee(s) are sub-	-		
		JOSEPH BOVINO			
			Name of Person		
		BOVINO LAW GROUP			
			Firm/Company	· ·	
		555 NE 34TH ST #1104			
			Address		_
		MIAMI, FL 33137			
			City/State and Zip Code		·· ·
		JOE@BOVINOLAWGROU			
			o be used for future annual re	eport notification)	
For further	information cor	ncerning this matter, please ca	all:		
JOSEPH E	OVINO		310 310 at ()	-425-9933	
	Name of I	Person	Area Code	Daytime Telepho	ne Number
Enclosed is	a check for the	following amount:			
□ \$ 25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L22000238793	and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	· · · · ·	, ,,,,	
Enter new principal offices address, if applicable:	555 NE 34TH ST #1104		
Principal office address MUST BE A STREET ADDRESS	MIAMI, FL 33137	21	
		~ " "	
		<i>ښ</i> ٠٠	
Enter new mailing address, if applicable:	555 NE 34TH ST #1104		
Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33137		
making utures mai be a rost of fice box	ATTN: JOSEPH BOVINO		

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida _

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
MGRM	ERL, STEPHEN	Carrer Del Rossello 345	□Add
		Apartment 6-2a	Remove
		Barcelona, B 08037 ES	
MGRM	TORCHLIGHT GLOBAL LLC	30 N GOULD ST	≣Add
		STE R	□Remove
		SHERIDAN, WY 82801 US	Change
			□Add
			□Remove
			□Change
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			□Remove
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			□Remove

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Effective date, if other the street of the s	in this block does not r	meet the applicable st	of filing or more than 90 days atutory filing requirements	optional) after filing.) Pursuant to 605.0207 s, this date will not be listed as
	d effective date, but not	t an effective time, at	12:01 a.m. on the earlier of	of: (b) The 90th day after the
rd is filed.	A	2025		
rd is filed.	$ \Lambda$ Λ	. 2025		
rd is filed.	Signature or a		epresentative of a member	

Filing Fee: \$25.00