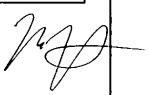
## L22000253501

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

TO: Registration Section Division of Corporations	
SUBJECT: CHC - Serv	ices LLC,
<del></del>	nited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	omitted for filling.
Please return all correspondence concerning this matter	r to the following:
	Chevere  Name of Person  Services Lic.  Firm/Company
3736	Moon Dancer Place
Saint	Cloud, FL 34772 City/State and Zip Code
CHCService E-mail address:	28 11 C 34772 @ gmail. Com (to be used for future annual report notification)
For further information concerning this matter, please c	all:
Luis Chevere	at (860) 502-4661  Area Code Daytime Telephone Number
	indicate interpretation in the second in the
Enclosed is a check for the following amount:	
\$25.00 Filing Fee	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section
P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 6/01/7072 and assigned Florida document number <u>L22000</u>253801. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

#### 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.

Cirv

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	Address	Type of Action
MGR	Luis Chevere	3736 Moon Dancer Pl	
	<u>.</u>	Sount Cloud, FL 34773	<u> </u>
			□Change
MBR	Annette Chevere	3736 Moon Dancer Pl	
		Saint Cloud, FL 34772	<u> </u>
			Change
		A CO	□Add
		ASSSER! FLOOR	□Change □Add
			□ Remove
			□Change
			🗆 Add
			□Remove
		<del></del>	□Change
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			□Remove
			□Change

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ective date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be prior to date of fee: If the date inserted in this block does not meet the applicable status ument's effective date on the Department of State's records.	filing or more than 90 days after filing.) Pursuant to 605	.020 ed a
amon's effective take on the Department of Make's records.		
cord specifies a delayed effective date, but not an effective time, at 12: if filed.	:01 a.m. on the earlier of: (b) The 90th day after	r th
ed 8/0 , 202Z.		
	esentative of a member	

# State of Florida Department of State

I certify from the records of this office that CHC-SERVICES LLC., is a limited liability company organized under the laws of the State of Florida, filed electronically on June 02, 2022, effective June 01, 2022.

The document number of this company is L22000253801.

I further certify that said company has paid all fees due this office through December 31, 2022, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 220609080904-100388868741#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Ninth day of June, 2022



Cord Byrd