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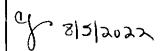
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Tallahassee, FL 32314

	Registration Se Division of Cor					
CHD ICC		5th Street, LLC				
SUBJEC	,1;	Name of Lim	nited Liability Company	-		
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filling.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		Adam Schucher, Esq.				
			Name of Person			
		Katz Barron, P.A.				
		•	Firm/Company			
		901 Ponce de Leon Blvd; 10th FL				
	Address					
		Coral Gables, FL 33134				
		City/State and Zip Code adam@katzbarron.com				
		=	to be used for future annual report	notification)		
For furthe	er information co	oncerning this matter, please c	ali:			
Adam Sc	hucher, Esq.		305 856-2444 at ()	ļ		
	Name of	Person	Area Code Day	time Telephone Number		
Enclosed	is a check for th	e following amount:				
■ \$25.0	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 Address		Street Address			
	Registration S Division of Co		Registration Division of C			
	P.O. Box 632			f Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 AUG -4 PH 12: 1

2020 SW 25th Street, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 6/8/22 ____ and assigned Florida document number L22000255142 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 "L.L.C." 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 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

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II amenuing Authorized rerson(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
MGR	Fernando Garcia Sordo	2008 SW 25th Street, Miami, FL 33131	□Add
			=Remove
			□Change
MGR	Esteban Garcia	2008 SW 25th Street, Miami, FL 33131	
			□Remove
			☐Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

. amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
<u>Note:</u> If	e date, if other than the date of filing:
record s d is filed	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
ated	8/3/2022
	Signature of a member or an body send representative of a member
	Signature of a member or an incorporation of a member
	Esteban Garcia

Filing Fee: \$25.00