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COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:	Name of Limited Liability Company			
	Name of Emi	acce Elactivy Company		
The enclosed Articles of	Amendment and fee(s) are sub	initted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	MAMBETTY ANNE GEO	ORGE.		
		Name of Person		
	CHAATGEORGE EMPIR	E LLC		
		Firm-Company		
	66 WEST FLAGLER STR	EET, SUITE 900		
		Address	· · · · · · · · · · · · · · · · · · ·	
	MIAMI/ FL 33130			
		City/State and Zip Code		
	CHAATGEORGE@HOTN			
	E-mail address: (to be used for future annual report notif	ication)	
For further information of	oncerning this matter, please ca	ilt:		
MAMBETTY ANNE GEORGE		678 2385361 at()		
Name of	f Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for th	ne following amount:			
	☐ \$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 judditional copy is enclosed	
Mailing Addres		Street Address:	tion	
Registration Section Division of Corporations		=	Registration Section Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHAATGEORGE EMPIRE 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 July 27, 2022 and assigned Florida document number 1.22000332960 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/AEnter 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: N/A 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.

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	FREDERICK G. ABRAHAM	P.O BOX 77856	!Add
		FORT WORTH, TX 76177	■Remove
		***	DRemove
			DChange
 			□Add
			□Remove
			⊒Remove
			□Remove
			☐ Change

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ffectiv	re date, if other than the date of filing:
an effe loter d	ctive 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 0, If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
ocume	nt's effective date on the Department of State's records.
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
l is file	
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ated _	Follows
ated _	Signature of a member or authorized representative of a member

Filing Fee: \$25.00