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COVER LETTER

TO:

TO:	Registration Section Division of Corpora				
CHDI		LDINGS GROUP, LLC			
SUBJ	ECT:	Name of Lin	nited Liability Company		
The er	nclosed Articles of Ame	ndment and fee(s) are sub	omitted for filing.		
Please	return all corresponden	ce concerning this matter	to the following:		
	٨	MARIE FOLLES			
	_		Name of Person		
	R	ESOLUTE HOLDINGS	GROUP, LLC		
	Firm/Company				
	9	9817 NW 54TH PLACE			
	_		Address		
	C	ORAL SPRINGS, FL 33	L SPRINGS, FL 33076		
	_	-	City/State and Zip Code		
	M	ARIE@REALSOLUTIO	@REALSOLUTIONSHOMECARE.COM		
		E-mail address: (to be used for future annual report not	fication)	
For fu	rther information concer	ning his matter, please c	all:		
MARIE FOLLES		1	954 234-3091 at ()		
Name of Person		on		ne Telephone Number	
Enclos	sed is a check for the fol	lowing amount:			
≘ \$2	25.00 Filing Fee	S30 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: Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 3	prations	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FI	rporations Fallahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RESOLUTE HOLDINGS GROUP, 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 28, 2022 _____ and assigned Florida document number L22000\(\begin{center}
 1.22000\(\beta \) 33548 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." 9817 NW 54TH PLACE Enter new principal offices address, if applicable: CORAL SPRINGS, FL 33076 (Principal office address MUST BE A STREET ADDRESS) 9817 NW 54TH PLACE Enter new mailing address, if applicable: CORAL SPRINGS, FL 33076 (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: 9817 NW 54TH PLACE New Registered Office Address: Enter Florida street address __, Florida 33076 Zip Code **CORAL SPRINGS**

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	JOHN METZ	2701 BOONE DR.	
		DELRAY BEACH, FL 33483	≣Remove
			Change
MGR M	MARIE FOLLES	9817 NW 54TH PLACE	□ Add
		CORAL SPRINGS, FL 33076	Remove
			□Add
			Remove
			□Change
			□ Add
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