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COVER LETTER

10:	Division of Corporations							
CHD IE	ct.	A4 Jirch Properties, LLC						
SUBJEC	C1;			Name of Lim	ited Liability Com	pany		
The encl	osed	Articles of A	amendment at	id fee(s) are sub	mitted for filing.			
Please re	eturn	all correspor	idence concer	ning this matter	to the following:			
			Mitchell C	raig				
					Name of Pe	rson		
			JM Trippo	n & Co CPA's				
					Firm/Comp	any		
			8588 Katy	Fwy Suite 320				
					Address			
			Houston, T	X 77024				22 0
					City/State and Z	ip Code		007 -
			mcraig@tri	i -	to be used for futur	e annual report notil	fication)	ω
For furth	ner ir	formation co		matter, please ca			,	AH F:
Mitchell Craig				713 at (661-1040		55	
Name of Person			Area C	ode Daytimo	e Telephone Number	_		
Enclosed	d is a	check for the	e following ar	nount:				
■ \$25 .	.00 F	iling Fee	□ \$30.00 f Certifi¢	iling Fee & ate of Status	S55.00 Fili Certified ((additional c		☐ \$60.00 Filing Certificate of Certified Cop (additional copy	Status & y
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			ection orporations 7] 1 2	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A4 Jirch Properties, LL0	F				
(Name	of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our r	ecords.)		
	(A FIORIDA LIMITED I.	nationity Company)			
The Articles of Organization for this	Limited Liability Company	were filed on		and assig	ned
Florida document number <u>L2200040</u>			•	Ü	
This amendment is submitted to ame	nd the following:				
A. If amending name, enter the ne	w name of the limited liabi	lity company here:			
The new name must be distinguishable and	contain the words "Limited Liabil	ity Company," the designation	"LLC" or the abbrevia	tion "L.l	C."
Enter new principal offices addres	s. if annlicable:				
Principal office address MUST BE				22	- -
Trincipal office data ess in OST DE	A STREET ADDRESS			2 0C	<u></u>
				- ``	- 7-
				ယ်	
Enter new mailing address, if appl				-	
(Mailing address MAY BE A POST	<u>OFFICE BOX)</u>			- :-	22.5
				 25	<u> </u>
B. If amending the registered age agent and/or the new registered of		ddress on our records, <u>e</u>	nter the name of	he new	register
agent and/or the new registered of	ice address here.				
Name of Nam Daviatored					
Name of New Registered A	gent:		<u> </u>		
New Registered Office Add	<u>lress</u> :	Enter Florida street a			
		Enter Ptorida street a	aaress		
			_, Florida	o Code	
		City	2.1	o coae	
New Registered Agent's Signature, &	changing Registered Agent:				
I hereby accept the appointment a provisions of all statutes relative to accept the obligations of my positi being filed to merely reflect a char company has been notified in writi	o the proper and complete on as registered agent as p age in the registered office	performance of my dutie provided for in Chapter (rs, and I am famil 505, F.S. Or, if the	iar with s docum	and ent is

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>	Address	Type of Action
MBR	Anita Alvarado	22415 N Lake Village Dr.	□Add
		Katy, TX 77450	Remove
			□Change
MBR	Ana Alvarado	22415 N Lake Village Dr.	∃ Add
		Katy, TX 77450	□Remove
			\ \ \ \ \ \ \ \
			22 =
			3 Significant Si
			□ Remove
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D. If amending any other informat	ion, enter change(s) here: Otti ion additional sheets, it necessary i	
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Note: If the date inserted in this block document's effective date on the Department.	does not meet the applicable statutory filing requirements, this date will not be listed through the statutory filing requirements.	
record is filed	te, but not an effective time, at 12:04 a.m. on the earlier of: (b) The 90th day after	the
Dated Sept. 275	2022	
	hature of a member or authorized representative of a member	
\1 <u>;</u>	1 .	
	Ana Alvarado Typed or printed name of signee	

E.

Filing Fee: 825.00