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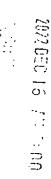
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Registration Section

TO:

Division of Co	rporations					
	RVICES, LLC					
SUBJECT:	Name of Lim	ited Liability Company				
	Amendment and fee(s) are sub	_				
	Marianna Hurtado					
		Name of Person				
MCHA SERVICES, LLC					26?2	
Firm Company						
	8682 VEDDER LN				5	
	-	Address				
	ORLANDO, FL 32832				00	
		City/State and Zip Code			0	
	mchaservices@gmail.com					
	E-mail address: (to be used for future annual report notif	ācation)			
For further information of	concerning this matter, please c	all:				
Carlos Hurtado		786 431-6676				
Name (of Person	at () Area Code Daytime	: Telephone Number			
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificat Certified	0.00 Filing Fee, ertificate of Status & ertified Copy ddinonal copy is enclosed)		
Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee e Street, Suite 8	10		

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCHA SERVICES, 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 $\frac{9/15/2022}{}$ and assigned Florida document number ______L22000404112 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

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.

City

__, Florida __

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
AMBR	Ana Oquendo	8682 VEDDER LN	
		Orlando, Fl. 32832	□D
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			□Remove
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record spec d is filed.	cifies a delayed et	Tective date, but	not an effectiv	e time, at 12:01	a.m. on the earlie	r of: (b) The 90t	h day after the
Octol	ner 20		2022	^			
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Typed or printed name of signee