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TO:							
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SORTE	ul: <u>#</u>		ited Liability Company				
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
		Jerome L. Wolf, Registere	d Agent				
			Name of Person				
		Katz Baskies & Wolf PLI.	С				
Division of Corporations CHILE STATUS, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jerome L. Wolf, Registered Agent							
		CHILE STATUS, LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filling. all correspondence concerning this matter to the following: Jerome L. Wolf, Registered Agent Name of Person Katz Baskies & Wolf PLLC Firm/Company 3020 North Military Trail; Suite 100 Address Boca Raton, FL 33431 City/State and Zip Code jerry wolf@katzbaskies.com E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: olf Name of Person Area Code Daytime Telephone Number check for the following amount: iling Fee Certificate of Status Certificate Copy (additional copy is enclosed) Street Address: Street Address:					
			Address	.			
		Boca Raton, FL 33431					
		ierry wolf@katzbaskies cor					
				_ 			
For furth	ner information o	concerning this matter, please c	all:				
Jerome	L. Wolf		at ()				
	Name o	of Person	Area Code Daytime Telephone Nu	mber			
Enclosed	d is a check for t	he following amount:					
■ \$25	.00 Filing Fee		Certified Copy Cert (additional copy is enclosed) Cert	ificate of Status &			
	Mailing Addre Registration Division of C P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Sui Tallahassee, FL 32303	te 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHILE STATUS, LLC (Name of the Limited Liability Compa	ny as it now appears on our records.)	
(A Florida Limited	Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 09/29/2022	and assigned
lorida document number		
his amendment is submitted to amend the following:		
If amonding name onter the new name of the limited ligh	sility company horo:	
	mity company nerc.	
		·
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
• • •	509 SW SEA GREEN STREET	202
rincipal office address with the ASTREET ADDRESSY	PALM CITY, FL 34990	2024 HA
		7 30
nter new mailing address, if applicable:		77p 111
(A Florida Limited L. e Articles of Organization for this Limited Liability Company rida document number L22000422637	509 SW SEA GREEN STREET	''η _ε ' <u>-</u> '
		and the same of th
Mailing address MAY BE A POST OFFICE BOX)	PALM CITY, FL 34990	至 22

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

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
			□Add
			□Remove
			Change
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record sp d is filed.		delayed e	ffective da	ite, but no	ot an eff	ective ti	me, at 12	:01 a.m. o	n the earli	er of: (b)	The 90th	day after t	he
Dated	L	lay 2	8 7 . ($\overline{\mathcal{D}}$		1024							
			11/1	1 /6				esentative o					

ED: E #45.00

Typed or printed name of signee