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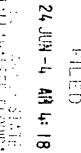
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Office Use Only



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## **COVER LETTER**

TO:	Registration Se Division of Cor			,
CHDIE	C&A IO LL			
SUBJE	CI:		ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter	-	
		Andreas Bergmann		
			Name of Person	<del>.</del>
		AHB Ventures LLC		
		<del></del>	Firm/Company	
		811 NW 43rd Ave. Suite 4	05	
			Address	<del></del>
		Miami, FL 33126		
		<del></del>	City/State and Zip Code	<del></del>
		a.bergmann@industa.us		7.a
For furt	her information c	e-mail address: (	to be used for future annual report not all:	incation)
Andrea	s Bergmann		305 924-0610	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclose	d is a check for th	he following amount:		
■ \$25	5.00 Filing Fee	□ \$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 (additional copy is enclosed)
	Mailing Address Registration S		<u>Street Address:</u> Registration Se	ection
	Division of C	Corporations	Division of Co	rporations
	P.O. Box 632	27	The Centre of	Tallahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C&A10 LLC	
( <u>Name of the Limited Liability Company as it now app</u> (A Florida Limited Liability Compan	pears on our records.) y)
The Articles of Organization for this Limited Liability Company were filed on	11/3/2022 and assigned
lorida document number L22000473006	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company	here:
CM LLC	
he new name must be distinguishable and contain the words "Limited Liability Company." the	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	24
	<u> </u>
	表现 了 卫士
Enter new mailing address, if applicable:	
2	
Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or registered office address on ougent and/or the new registered office address here:	r records, <u>enter the name of the new regi</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter i	Florida street address
	, Florida
City	Zip Code

## 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 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
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			□ Remove
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an effective da ote: If the d	, if other than the de is listed, the date must the inserted in this blocketive date on the Dep	be specific and oak does not me	cannot be prior eet the applic	able statutor			ng.) Pursuant to 605.020
record specif is filed.	es a delayed effective	date, but not a	in effective ti	me, at 12:01	a.m. on the ear	lier of: (b)	The 90th day after th
May 24	th		2024				
		<u> </u>	/	<u> </u>			
		11.1	3				<del></del>
	S	egnature of a m	emper or auth	urizea represe	ntative of a mem	oer	
An	lreas Bergmann						