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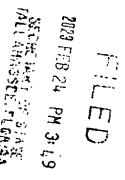


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PLEASE PROCESS THE FOLLOWING.

PLEASE-DO-NOT-PUT-OUR-NAME-ON-COVER-LETTER
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COVER LETTER

	Registration Se Division of Cor				
CHB IEC		RA CONSULTING LLC			
SUBJEC	.1:	Name of Limi	ted Liability Company		
The encle	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Ricardo Restrepo Jaramillo	1		
			Name of Person		
			Firm/Company.		
		4001 West Obispo St			
			Address		
		Tampa Florida 33629			
		1.11.21.01	City/State and Zip Code	:	
		drricardorjl@hotmail.com E-mail address: (to be used for future annua	l report notification)	
For furth	er information o	concerning this matter, please c	•	•	
Ricardo Restrepo Jaramillo		215 90 at ()_	647399		
	Name o	of Person	Area Code	Daytime Telephone l	Number
Enclosed	l is a check for t	he following amount:			
■ \$2 5.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is a	nclosed) Co	0.00 Filing Fee, ertificate of Status & ertified Copy in enclosed)
			y		
	Mailing Address Registration			Address: tration Section	
	Division of C		Divisi	on of Corporations	
	P.O. Box 632			entre of Tallahasse	
	Tallahassee,	FL 32314	2415	N. Monroe Street, S	uite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our record ability Company)	<u>s.</u>)	
The Articles of Organization for this Limited Liability Company vi Florida document number L23000049227	were filed on 01/26/2023	a	nd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC	or the abbrevia	ion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	3
		<u> </u>	3
			됐 그
		<u>₩</u>	2 -
Enter new mailing address, if applicable:			हु ।
(Mailing address MAY BE A POST OFFICE BOX)			
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		>	٥
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter</u> ,	the name of t	<u>he new regis</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addre		
	-	1. 13.	
	, F , F	lorida	p Code

New Registered Agent's Signature, if changing Registered Agent:

RESTREIARA CONSULTING LLC

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>	Address	Type of Action
MGR	Ricardo Restrepo Jaramillo	4001 West Obispo street, Tampa, FL, 33629	≅Add
			□Remove
			Change
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ffective date if of	her than the date of	filing:		(0	ptional)	
Can affective data is list	ted, the date must be speci erted in this block does	ific and cannot be pri	or to date of filing o	r more than 90 days t	after filing.) Pursuant this date will not b	o 605.020 e listed a
locument's effective	date on the Departmen	nt of State's record	ls.	8 1/		
	elayed effective date, b	ut not an effective	time, at 12:01 a.s	n. on the earlier of	f: (b) The 90th day	after the
d is filed.						
February 24		2023				
I COLUMN 4 27			·			
Dated	11/1	\				
Dated	IV-	021	24/2]			
Dated	Signatur	02/ re of a member or au	24) 2] thorized representa	tive of a member		