## 123001039188

(Requestor's Name)
(Áddress)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

CHD IECT.	TNHOQ 9V	S LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	VAN	NY PROM	
		Name of Person	
			<u> </u>
		Address  This matter to the following:  VANNY PROM  Name of Person  Firm/Company  HIGH GATE DR  Address  Address  The State and Zip Code  NY PROM 83 @ GMATL . Common and address: (to be used for future annual report notification)  The person of the state of the sta	
	Name of Limited Liability Company  closed Articles of Amendment and fee(s) are submitted for filing.  return all correspondence concerning this matter to the following:    VANN   PROM   Name of Person		
	VALRICO, FL	33594	
			vo V
	E-mail address: (	to be used for future annual report not	ification)
For further information co	oncerning this matter, please ca	ail:	
VANNY	PROM	at (813) 410-	8091
Name of	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration S	Section	Registration Se	
<i>1</i>	•		•
Tallahassee, F	/		e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ah Doun.			
( <u>Name of the Limited Liahi</u> (A Flori	lity Company as it now appea da Limited Liability Company)	irs on our records.)	_
The Articles of Organization for this Limited Liability Florida document number <u>L23000163968</u>		APRIL 3, 2023 and	assigned
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the lin	nited liability company h	ere:	
he new name must be distinguishable and contain the words "Li	mited Liability Company," the o	designation "LLC" or the abbreviation	"L.L.C."
nter new principal offices address, if applicable:	<del></del>		
Principal office address MUST BE A STREET ADD	RESS)		
	•		
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
_			
3. If amending the registered agent and/or register		records, enter the name of the	new register
gent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	rida street address	
		, Florida	
	City	Zip Co	de

## 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 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
MGR	VANNY PROM	3811 HIGH GATE DR	🗹 Add
		VALRICO, FL 33594	□Remove
			□ Change
			□Add
			Remove
			□ Change
<del>* *** ****</del>			□Add
			□Remove
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an effective date is listed ote: If the date insert	er than the date of fil i, the date must be specific a ted in this block does no ate on the Department o	and cannot be prior to da of meet the applicable	ate of filing or more than statutory filing requir	<b>(optional)</b> 90 days after filing.) Purements, this date wil	rsuant to 605,020 not be listed a
record specifies a dela is filed.	ayed effective date, but r	not an effective time.	at 12:01 a.m. on the c	earlier of: (b) The 90	th day after the
ated					
	\	1 10/2 -			
	Signature of	a member or authorized	d representative of a me	mber	<u></u>