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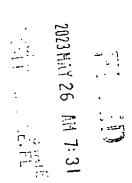
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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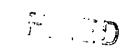
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COVER LETTER

TO:

TO: Registration of	on Section Corporations		
	g Authorized Person		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.	
Please return all cor	respondence concerning this matter	to the following:	
	Connor Hudon		
		Name of Person	_
	CMH Marketing Solution	os LLC	
		Firm/Company	
	425 N Elm Street		
		Address	_
	Englewood, FL, 34223		
		City/State and Zip Code	_
	cmhmarketingsolutionslic	@gmail.com (to be used for future annual report notification)	
For further informat	ion concerning this matter, please c	•	
Connor Hudon		315 7945255	
No	ame of Person	Area Code Daytime Telephone Numb	er
Enclosed is a check	for the following amount:		
☑ \$25.00 Filing Fo	ee S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	Filing Fee, ate of Status & d Copy at copy is enclosed)
Division P.O. Box	ion Section of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CMH Marketing Solutions LLC

2023 HAY 26 AM 7: 31

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

	05/00/0000	NOTES, FL
_	ibility Company were filed on 05/03/2023	and assigned
orida document number L23000218029	·	
his amendment is submitted to amend the follo	wing:	
. If amending name, enter the new name of	the limited liability company here:	
e new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applica	ble:	
Principal office address MUST BE A STREE	(ADDRESS)	
nter new mailing address, if applicable:		
Mailing <u>address MAY BE A POST OFFICE I</u>	<u></u>	
		
 If amending the registered agent and/or regent and/or the new registered office address 	gistered office address on our records, <u>enter tl</u>	ne name of the new regist
gent and/or the new registered office address	s nere.	
Name of New Registered Agent:		
Name of New Registered Agein.		
New Registered Office Address:	Enter Florida street address	
	12/10/2 48/100	
	, Flor	

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
AMBR	Connor Hudon	425 N Elm Street, Englewood, FI, 34223	Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			_ 🗆 Change

	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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1.00 A1	o5/23/2023 The date, if other than the date of filing: (optional)
f an effe <u>Note:</u> 1	ce date, if other than the date of filing:
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	05/23/ <u>2023</u> Junnolln
	Jummin
	Signature of a member or authorized representative of a member
	Connor Hudon Typed or printed name of signee
