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(Red	questor's Name)	· -
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Ch	XO Fruity	Rolling Ice ted Liability Company	2
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	_ Moham	Mane of Person	Azizi
	choco F-	Firm Company	lice
	VC14, 191	O Wells Rd,	2023 JU SECRI
	Olanze for Nazirazizione Email address: (1	City/State and Zip Code City/State and Zip Code One used for future annual report noti	2073 Financial Complex
For further information e	oncerning this matter, please ca		8
Mohanna Name o	C Nazír Azi.	at (ADH) Daytim	- 9723 e Telephone Number
Enclosed is a check for the	ne following amount:		
	□ \$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 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T- 4

(Name of the Limited Liability Compa	In as it dow appears on o	nr records)
(A) orida Limited	Liability(Company)	1
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000232361</u> .	were filed on <u>D</u> 5	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designa	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20.3
(Principal office address MUST BE A STREET ADDRESS)		
	2)111 \ \.	+ CT 22
Enter new mailing address, if applicable:	5911 NE	cosille 4 w
(Mailing address MAY BE A POST OFFICE BOX)	Jackson	t7 00
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s. <u>enter the name of the new registerec</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
		Florida
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ee to act in this capac	

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
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ective date, if o reffective date is lis	ther than the date of sted, the date must be speci	filing:	r to date of filing or n	opti nore than 90 days afte	onal) r filing.) Pursuant to	605.0201
<u>te:</u> If the date in:	serted in this block does to date on the Departmer	not meet the appli-	cable statutory filir	ng requirements, th	is date will not be	listed as
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cord specifies a c	delayed effective date, b	ut not an effective (ime, at 12:01 a.m.	on the earlier of: (1	o) The 90th day a	ifter the
s filed.	1					
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ea <u>Chy</u> C	*	-				
ed	Sienatur	e of a incumber or aut	orized representative	e of a member		

Filing Fee: \$25.00