L23000241827

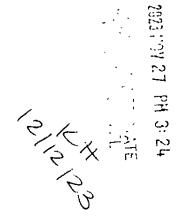
(Requestor's Name)					
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(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(D.). (T.).					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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Special Instructions to Filing Officer:					





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COVER LETTER

TO: Registration Se Division of Cor				7	
CCHOZ 1, SUBJECT:	LLC				
· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Edmundo Hoz de Vila				
		Name of Person			
		Firm/Company			
7990 SW 175 Street					
		Address			
	Palmetto Bay, Florida 3315	57			
	11.00.1 1 :	City/State and Zip Code		•	
	LLC@jkclosings.com E-mail address: ()	to be used for future annual report notif	ication)		
For further information co	oncerning this matter, please ca	•	,	2023 KOY	11-4-13
		609 929-0412 at ()			(FE)
Name of	f Person	Area Code Daytime	Telephone Number	7 PK	j
Enclosed is a check for th	ic following amount:			3: 24 STATE	ريب
⊠ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ling Fee, te of Status &	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CCHOZ 1, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records imited Liability Company)	<u>)</u>
The Articles of Organization for this Limited Liability Cor Florida document number L23000241827		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC"	'or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
	1950	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		20:
		7 7 7
B. If amending the registered agent and/or registered o	office address on our records, enter t	the name of the new registered
agent and/or the new registered office address here:	·	9 3 E
		الادا ب
Name of New Registered Agent:		: 2 <u>1</u>
		141
New Registered Office Address:	Enter Florida street address	
	The second secon	
	, Flo	rida Zip Code
	Cuy	гір Соае

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	HOZ DE VILA, EDMUNDO	7990 SW 175 ST	□Add
		PALMETTO BAY, FL 33157	🗆 Remove
			■ Change
			□Add
			Remove
			□ Change
		-	□Add
			Remove
			Ghange
			□'Add
			Remove S C C Change
			□ Add
			□Remove
			□ Change
	· · · · · · · · · · · · · · · · · · ·		
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: __ (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated 1/21/23Signature of a member or authorized representative of a member CARLOS HOZ DE VILA
Typed or printed name of signee

Filing Fee: \$25.00