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2023 SEP 13 PH 4: Ub

COVER LETTER

TO:	Registration Sec Division of Corp		,	*	,
CHDH	4810 Ho Wi	il. LLC			
SUBJ	EC1:	Name of Limi	ted Liability Company		
The er	nclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.		
Please	return all correspo	ndence concerning this matter t	to the following:		
		Yeil Ross			
		_	Name of Person		
		Ross Business Center, Inc			
		·	Firm/Company	for filing. following: Name of Person Firm/Company Address /State and Zip Code sed for future annual report notification) at (1) Area Code Daytime Telephone Number	
		6822 22nd Ave N Ste 218			
			Address		
		Saint Petersburg, FI 33710			
			City/State and Zip Code	<u>.</u>	
		tax@rossbc.com E-mail address: (1	to be used for future annual re	port notification)	
For fu	rther information c	oncerning this matter, please ca			
Yohai	n Gomez		at ()	6020	
	Name o	f Person	Area Code	Daytime Telephor	ne Number
Enclo	sed is a check for th	ne following amount:			
≡ \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status			Certificate of Status & Certified Copy

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4810 Ho Wil, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{05/24}{2023}$ and assigned Florida document number 1.23000254095 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new ragi agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

City

Enter Florida street address

. Florida

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	Yohan D Gomez	6822 22nd Ave N Ste 218 Saint Petersburg, Fl 33710) ≌ Add
			□Remove
			Change
			□Add
			□Remove
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			Change
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			□ Change
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			□Remove

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Filing Fee: \$25.00