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COVER LETTER

Registration Section

TO:

Division of Cor	porations		
SUBJECT:	(t/ow t	-LOOPING I	NC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
		_	
Please return all correspo	indence concerning this matter	to the following:	
	ED	KOTLER Name of Person	
		AX ZONE INC	<u></u>
	A. A.	MCHOCLITY CIC	
	_Cxlando, 7	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	\$23 Alig - Pill : 13
	Accountent E-mail address: (W+C-X 2016(.Co	ilication)
For further information c	oncerning this matter, please ca		
ED Kot-i	€ (f Person	at (ACA) SOS	- 3(3)
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 5 Division of C	Section Corporations	Street Address: Registration Se Division of Con	rporations
P.O. Box 632 Tallahassec, l		The Centre of " 2415 N. Monro	Tallahassee oe Strect, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHOW FLOOR	-1 N N - 1 N		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iability Company)	<u>:corus.</u>)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 23000351236</u> .	were filed on 07/2	15/2023 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 Liabil	lity Company," the designation	"LLC" 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)		· ;	
		23 ALL	_
		AU All	1
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new regis	tered
		. 3	, ,
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:			_
	Enter Florida street a	ddress	
		_, Florida Zip Code	
	Ciņ	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie provided for in Chapter (es, and I am familiar with and 505, F.S. Or, if this document i	

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
			□Add
			□Remove
			□Add
			DRcmove
			□Remove
		 	一 Change
			⊕Changes HUG □Add
			•
			— □ Change
		 	DAdd
			□Remove
			Chunge
			🗅 Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additi	ional sheets, if necessary	v.)
		
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		3 AU
E. Effective date, if other than the date of filing:	(optional)	Hau7
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or r Note: If the date inserted in this block does not meet the applicable statutory filin document's effective date on the Department of State's records.	nore than 90 days after filing	.) Pursuant to 605,0207 (
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. ecord is filed.	on the earlier of: (b) Th	ne 90th day after the
Dated August 1 , 2023.		
- County teaces		
Signature of a member of authorized representative	e or a member	
Typed or printed name of signee		·

Filing Fee: \$25.00