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Tc:

Division of Corporations Fax Number : (050)617-6383

From:

Email Address:

1:09

Account Name : TAX CONTROLLER INC Account Number : I20210000142 Phone : (954)301-1848 Fax Number : (954)522-9455

**Enter the email address for this business entity to be used for future

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CVH VENTURES LLC

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TAX CONTROLLER INC

Ø 0002/0005

COVER LETTER

(((423000355490 3)))

TO: Registration Section Division of Corporations

CVH VENTURES LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANA CAROLINA FRAGOSO

Name of Person

CVH VENTURES LLC

Firm/Company

5951 WELLESLEY PARK DR APT 605

Address

BOCA RATON, FL 33433

City/State and Zip Code

anac.fragoso@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

🛢 \$25.00 Filing Fee

□ S30.00 Filing Fee & Certificate of Status

 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)

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

<u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee

Ø 0003/0005

A Ar	RTICLES OF AMENDMENT TO TICLES OF ORGANIZATION OF	(((4230003554903)))
CVH VENTURES LLC		
(Name of the Li	A Florida Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Florida document number L23000428356	Liability Company were filed on 09/14/202.	· · · ·
This amendment is submitted to amend the fo		
A. If amending name, enter the new name		
The new name must be distinguisbable and contain the Enter new principal offices address, if appl (Principal office address MUST BE A STRE Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address	BOX)	
Name of New Registered Agent:	ANA CAROLINA FRAGOSO	
New Registered Office Address:		
	Enter Florida street of	deh ess
		. Florida
New Registered Agent's Signature, if changing I		Zip Code

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 dulies, 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.

0000 UChauging Registered Agent Signature of New Registered Agent

10/11/2023 12:58PM FAX 9545329458 TAX CONTROLLER INC

☑ 0004/0005

If amending Authorized Person(s) authorized to manage, e or removed from our records:	nter the title, name, and address of each person being added
MGR = Manager	(((H230003554903)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	VICTOR PIRES	5951 WELLESLEY PARK DR APT 605	
		BOCA RATON, FL 33433	
			🗆 Change
			Add
·			Change Add
			DRemive T
		: Remove	
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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: _

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elf 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

Dated October 10 th	2023
x protting	
	a member or authorized representative of a member
ANA CAROLINA FRAGOSO	
· · · · · · · · · · · · · · · · · · ·	Typed or printed name of signee