123000452182

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2-2-11-2-12-12-12-12-12-12-12-12-12-12-1
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.
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Office Use Only



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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ChoZen IP ZOQB, LLC	
(<u>Name of the Limited Liability Company as it now a</u> (A Florida Limited Liability Comp	appears on our records.)
he Articles of Organization for this Limited Liability Company were filed o	on Sept. 29, 2023 and assigned
lorida document number L23000452182	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability compa	ny here:
ChoZen IP QOZB, LLC	
he new name must be distinguishable and contain the words "Limited 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 ADDRESS)	
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	123 110 y
	0, 7
	7
B. If amending the registered agent and/or registered office address on o	our records, enter the name of the new registe
gent and/or the new registered office address here:	
	1:48
Name of New Registered Agent:	
New Registered Office Address:	
	er Florida street address
	. Florida
	, rioriua

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

Zip Code

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
			Change
			□Add
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an effe l <mark>ote:</mark>	cetive date, if other than the date of filing:
record Lis file	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 ed.
ated _	November 3.

Typed or printed name of signee