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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

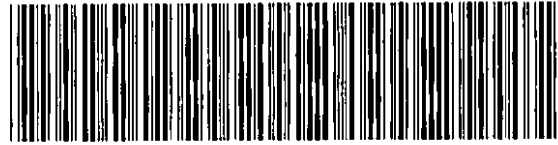
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/29/23*

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SEAL OF THE STATE
TALLAHASSEE, FL

PAID

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chaos Mgmt., LLC
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:

Amy Diaz
Name of Person

Chaos Mgmt, LLC
Firm/Company

113 Serenity Drive
Address

Melrose, FL 32666
City/State and Zip Code

mrs.diaz@na-ontherun.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Diaz at (904) 755-6173
Name of Person Area Code Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FL

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Enclosed is a check for the 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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**

Chaos Mgmt, 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 10-20-2023 and assigned Florida document number L23000489720

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 "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) _____

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STATE
TALLAHASSEE, FL

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

 New Registered Office Address: _____
Enter Florida street address _____
 _____ Florida _____
 _____ City _____ Zip Code _____

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.

 Registered Agent (if changing) / 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

| Title | Name | Address | Type of Action |
|-------|-------------|---|--|
| MGR | Amy Diaz | 113 Serenity Dr. Melrose ³⁰⁶⁶⁶ | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Hector Diaz | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | 113 Serenity Dr. Melrose ³⁰⁶⁶⁶ | <input checked="" type="checkbox"/> Change |
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 TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

Additional horizontal lines for amending information.

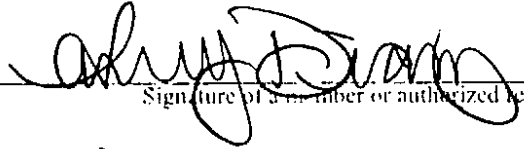
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E. Effective date, if other than the date of filing: 10.20.2023 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the 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 November 9, 2023.



Signature of member or authorized representative of a member

Amy Diaz

Typed or printed name of signee