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COVER LETTER

TO: Registration Sec Division of Corp			
subject: <u>Д</u> 1 Д	Ffordable Name of Limi	Crewation Sted Liability Company	services LCC
The enclosed Articles of A	amendment and fee(s) are subt	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Lindsey	Name of Person	
		Firm/Company	
	POBOX 25	OITS Address	
	Holly Hill,	S-L 32125 City/State and Zip Code	
	City Squale E-mail address: (1	CTEMHONO o be used for future annual report-north	amul com
For further information co	ncerning this matter, please ca	dl:	
Linkey Nume of	Person	at (380) Lo 79- Area Code Daytime	- Collo 5 c Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

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 FILED

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The Articles of Organization for this Limited Liability Company were filed on 10/30/2023 and assigned colorida document number 123000495. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CHY AFOCA DE CREWATON LACTOR CONTROL OF The abbreviation—LLC or the abbreviation—LLC. The new name must be distinguishable and softain the words "Limited Liability Company," the designation—LLC or the abbreviation—LLC. 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 registered and and on the new registered address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address Florida Zip Code New Registered Agent: a registered agent and agree to act in this capacity. I further agree to comply with and accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with and accept the abligations of my position as registered agent as provided for in Chapter 605. F.S. Or. if this document in the inglified to merely reflect a change in the registered office address. I hereby confirm then the limited liability company have been usuited in writin a first chapmen.	Name of the Limited	d Liability Compa A Florida Limited I	ny as it now appears on o liability Company)	ur records.)	<u>itel</u> Mar	
A. If amending name, enter the new name of the limited liability company here: CHUSE A FOOL CONTROL C			were filed on 101	30/2023	and assigned	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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: 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street oddress Enter Florida street oddress Enter Florida street oddress Lip Code New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with and accept the obligations of my position as registered agent and sprovided 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	This amendment is submitted to amend the follow	wing:				
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	The new name must be distinguishable and contain the wo	FFOCIA ords "Limited Liabil	ble Cr	evator tion "LLC" or the abbrevi	1 LLC ation "L.L.C."	•
Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 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	(Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or re	gistered office a	PO Box Day torv address on our record	25() 17 2 Beach, ls, enter the name of	the new register	ed
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 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	-	N/A				
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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
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