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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

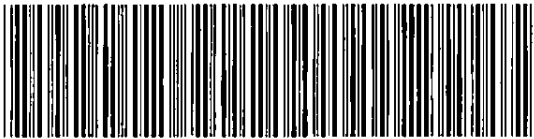
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2004 OCT 7 PM 1:30

2004 OCT -7 PM 1:30  
SECRETARY'S OFFICE  
FALL

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CCHOZ 2, 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:

David Hernandez

\_\_\_\_\_  
Name of Person

David Hernandez, C.P.A., P.A.

\_\_\_\_\_  
Firm/Company

770 South Dixie Hwy, Suite 113

\_\_\_\_\_  
Address

Coral Gables, FL 33146

\_\_\_\_\_  
City/State and Zip Code

David@Dhernandezcpa.com

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

For further information concerning this matter, please call:

David Hernandez

305 982-8069  
at ( )  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

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

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TALLAHASSEE  
OCT -7 PM 1:30

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	Carlos Foz de Vila	237 S. Dixie Hwy	<input checked="" type="checkbox"/> Add
		4th Floor, Suite 485	<input type="checkbox"/> Remove
		Coral Gables, FL 33133	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2024 OCT - 11 30 PM  
SECRETARY OF THE BOARD  
FILED

2024 OCT - 7 PM 1:30  
SECRET  
TAMM

(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)

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.

Signature of a member or authorized representative of a member

Edmundo Hoz de Vila

Typed or printed name of signer

**Filing Fee: \$25.00**