123000525903

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COVER LETTER

TO:

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Registration Section Division of Corporations

	2, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed) Registration Section		
Please return all corres	spondence concerning this matter	to the following:	
	David Hernandez		
		Name of Person	
	David Hernandez, C.P.A.,	P.A.	
		Firm/Company	
	770 South Dixie Hwy, Sui	te 113	
		Address	
	Coral Gables, FL 33146		
		City/State and Zip Code	
	-		
	E-mail address: (to be used for future annual report notif	lication)
For further informatio	n concerning this matter, please c	all:	
David Hernandez			
· Nam	ne of Person	Area Code Daytime	
Enclosed is a check fo	or the following amount:		ACUSTALLA LA
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy (additional copy is enclosed)
Division o P.O. Box 6	n Section f Corporations	Registration Sec Division of Cor The Centre of T	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CCHOZ 2, LLC			
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L23000525903	were filed on November 22, 2023	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	237 S Dixie Hwy		
(Principal office address MUST BE A STREET ADDRESS)	4th Floor, Suite 485		
Timespan opposition and the second se	Coral Gabkes, FL 33133		
Enter new mailing address, if applicable:	237 S Dixie Hwy	2.0	
(Mailing address MAY BE A POST OFFICE BOX)	4th Floor, Suite 485	170 PA	
	Coral Gabkes, FL 33133		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registe	
Name of New Registered Agent:		- iii O	
New Registered Office Address:	Enter Florida street address		
	, Florid	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.

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>	Name	Address	Type of Action
MGR	Carlos Hoz de Vila	237 S. Dixie Hwy	= Add
		4th Floor, Suite 485	□Remove
		Coral Gables, FL 33133	□Change
			□Add
			Change
			□Add
			□Remove
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			Remove
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ective date, if other than the date of filing: a effective date is listed, the date must be specific and cannot be prior to the: If the date inserted in this block does not meet the application of the date on the Department of State's records.	io date of thing of more mai	(optional) n 90 days after filing.) Pursuant in the second in the s	to 605.020 se listed a
ecord specifies a delayed effective date, but not an effective tiles filed.	me, at 12:01 a.m. on the	earlier of: (b) The 90th day	y after the
September 30 , 2024	<u> </u>		
-Mir	us		···-
Signature of a member or author	rized representative of a m	ember	

Filing Fee: \$25.00