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## **COVER LETTER**

	istration Se sion of Cor					
CHD OFFT.	SCHEDIR	LLC				
SUBJECT: Name of Limited Liability Company						
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	indence concerning this matter	to the following:			
		BERNARDINEZ, MARIANA				
		NA B	Name of Person			
		Hungua Der	nardens Firm/Company			
		4842 NW HITH CT	Address			
		DORAL, FL 33178	,			
		EVAEMILIAMORENO@	City/State and Zip Code YAHOO.COM			
	a :	E-mail address: (	to be used for future annual report not	ification)		
		oncerning this matter, please c				
BERNARDINEZ, MARIANA		at (407 ) 3993584				
	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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		<u>Street Address:</u> Registration Sc	ection			
Division of Corporations		Division of Corporations				
P.O. Box 6327			The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCHEDIR LLC		
( <u>Name of the Limited Liability</u> (A Florida	Company as it now appears on our record Limited Liability Company)	<u>(s.)</u>
The Articles of Organization for this Limited Liability Co Florida document number 1.23000526779	ompany were filed on 11/27/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRI	ESS)	
Enter new mailing address, if applicable:	100	
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street addres	2.5
	, Fl	orida Zio Code
	Ciù.	zip Coae

## 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 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
MGR	PABLO R BERNARDINEZ	4842 NW 111TH CT	<b>≡</b> Add
		DORAL, FL 33178	□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: 11/27/2023 (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 \_\_\_ Signature of a member or authorized representative of a member BERNARDINEZ, MARIANA

Typed or printed name of signee