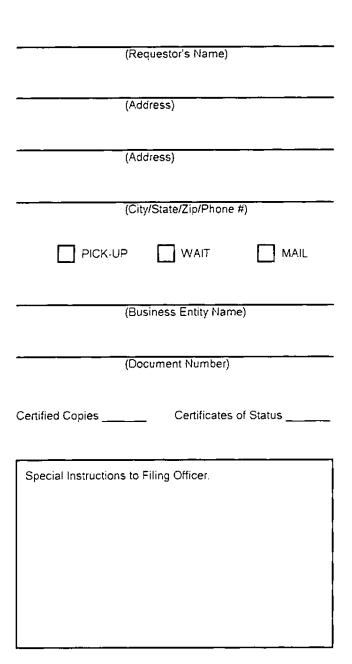
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Office Use Only





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COVER LETTER

TO: Registration Se Division of Cor				
CHILLECT.	FORGED I	N-LAYERS LLC		
SUBJECT:	Name of Lim	ited 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:		
		Sonia Becerra		
		Name of Person		
		Swyft Filings		
		Firm/Company	- 1	
		3 Greenway Plaza #1320)	
		Address		
		Houston, TX 77046		
		City/State and Zip Code		
		elegalcorpsolutions.		
For further information c	oncerning this matter, please of		on nouncation)	
Sonia Bo	есетта		777-0450	
Name o	f Person	Area Code I	Daytime Telepho	ne Number
Enclosed is a check for the	ne following amount:			
▼ \$25.00 Filing 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 Addres		Street Addr.		
Registration ! Division of C		Registration Section Division of Corporations		
P.O. Box 632		The Centre of Tallahassee		
Tallahassee,		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORGED IN-LAY	ERS LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	_ 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 Liabil	ity Company," the designation "LLC" or the abbre	viation "L.L.C."	
Enter new principal offices address, if applicable:	470 Citi Centre St #1160		
(Principal office address MUST BE A STREET ADDRESS)	Winter Haven, FL 33880		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	470 Citi Centre St #1160 Winter Haven, FL 33880		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name o	f the new registered	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida	Zin 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
AMBR	BRANDON CRUZ	343 W CENTAL AVE STE 101 PMB 1019	🗀 Add
		LAKE WALES, FL 33853	
			[]Change
AMBR	BRANDON CRUZ	470 Citi Centre St #1160	X Add
		Winter Haven, FL 33880	Remove
			□Change
			□Add
			IRemove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

X		Bra	ndon	Cruz ed representative of	a member	
ted	3/16/24	,				
is filed.	ŕ					
ecord sp	ecifies a delayed effec	tive date, but not	an effective time	, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
cument':	s effective date on the	Department of S	tate's records.	<u>.</u>	,	
ective (n effectiv	date, if other than to e date is listed, the date ro the date inserted in this	ne date of filing nust be specific and block does not m	:cannot be prior to	date of filing or more	than 90 days after file equirements, this day	ng.) Pursuant to 605,020 ite will not be listed a:
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Filing Fee: \$25.00