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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.

Account Number : I20230000190 Phone : (844)449-3624

Fax Number : (512)597-0678

**Enter the email address for this business entity to be used for future?

annual report mailings. Enter only one email address please.**

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T. LEMIEUX

To:

18506176383 2024-11-14 09:15:10 UTC+14 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Chinook AMZ LLC		
(<u>Name of the Limited Liab</u> (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L24000136277</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name most be distinguishable and contain the words "E	united Liability Company," the designation "EEC" or the	ne abbreviation "E.E.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2024 NOV
B. If amending the registered agent and/or regregistered agent and/or the new registered office agent.	·	
		36 ₩E
Name of New Registered Agent:		
New Registered Office Address:	Enter Fiorida street address	 .
	, Florida	l
	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 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

To:	Page: 3 of 4	2024-11-14 09:15:10 UTC+14	18506176383	From: ZenBusiness User
	in amending Authorized Person(s)	anthorized to manage, enter the inte	<u>, name, and adoress of each pr</u>	erson being added
	or removed from our records:			

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Diego Font		Add
		14417 ISLEVIEW DRIVE WINTER GARDEN, FL 34787	∃ Remove
			Change
			□ Remove
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		6-6-6-7-10-7-6-7-7-1			
					
					
			. <u>.</u> . <u></u>		
					· ······
F. Effer	ctive date if other than th	c date of filing:		(optional)	
(lif an e <u>Note</u>	effective date is listed, the date mi :: If the date inserted in this t	ust be specific and cannot be prior block does not meet the applic Department of State's records.	to date of filing or more able statutory filing r	than 90 days after filing.) Pursa	ant to 605,0207 (3)(b) of he listed as the
	ecord specifies a delaye e 90th day after the re	ed effective date, but no cord is filed.	t an effective tim	ne, at 12:01 a.m. on th	ie earlier of:
Date	November 12	2024	·		
	/s/ Paige Rini				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00