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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

weather the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*:

Email Address:\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHOMOGROUP HOLDINGS LLC

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## ARTICLES OF AMENDMENT

## ARTICLES OF ORGANIZATION OF

<u> </u>	OF	
♥ · · · · · · · · · · · · · · · · · · ·		
ChoMoGroup Holdings LLC.		
(Name of the Limited Liability (A Florida Li	omnany as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con	pany were filed on 4/9/2024	andassigned
Florida document number L24000168255		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Hiability Company," the designation "LLC" or	the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	S(S)	
Enter new mailing address, if applicable:		0) <sup>3</sup>
(Mailing address MAY BE A POST OFFICE BOX)		
		-E-
B. If amending the registered agent and/or registered o	ffice address on our records, <u>enter the</u>	name of the new registered
agent and/or the new registered office address here:		PH
Name of New Registered Agent:		
New Registered Office Address:		m w
THE INSURANCE AND ADDRESS.	Enter Florida street address	
	. Florid	12
	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

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

To:

<u>Title</u>	Name	Address	Type of Action
AMBR	Francine Boyd	2546 6th Avenue South	
		St. Petersburg, FL 33712-1641	■Remove
			DChange
<del></del>			□Add
			□Remove
			□Change
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	******	***************************************	□Add
			□Remove
			□ Change

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	ormation, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note: If the date inserted in t	n the date of filing:  (optional)  to must be specific and cannot be prior to date of illing or more than 90 days after lifing.) Pursuant to his block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.	
the record specifies a delayed et and is filed	fective date, but not an effective time, at \$2.01 a.m. on the earlier of; (b). The 90th day is	after the
Dated 5/20	2024	
	151 Chontell Mosley	
	Signature of a member or authorized representative of a member	-
Chontell Mosley		
	Typed or printed name of signee	-