## L24 000 251 751

(Requestor's Name)
(Address)
(Address)
(1881888)
(0) (0) (7) (1)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2000)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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## **COVER LETTER**

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TO:	Registration Se Division of Con				
CHD IE		STED LIVING, LLC			
SUBJEC	u:	Name of Lim	nited Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub	bmitted for filing.		
		ondence concerning this matter	•		
		MICHAEL SPAULONCI			
		·	Name of Person		
			Firm/Company		
		6758 NW 199TH ST  Address			
		MIAMI, FL 33015			
	City/State and Zip Code				
		MIKE@BLACKPOINTPR			
		E-mail address: (	(to be used for future annual report notification)		
For furth	er information c	oncerning this matter, please c	all:		
MICHAI	EL SPAULONC	I	305 775-8536 at ( )		
	Name o	f Person	Area Code Daytime Telephone Number		
Enclosed	is a check for th	ne following amount:			
■ \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres		Street Address:		
	Registration S Division of C		Registration Section Division of Corporations		
	P.O. Box 632	•	The Centre of Tallahassee		
	Tallahassee I		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ow appears on our records.) Company)  ed on 06/03/2024 and assigned  anpany here:  any," the designation "LLC" or the abbreviation "L.L.C."
ed on 06/03/2024 and assigned anpany here:
n <u>pany here</u> :
any," the designation "LLC" or the abbreviation "L.L.C."
any," the designation "LLC" or the abbreviation "L.L.C."
W 199TH ST
II, FL 33015
OX 310937
(I. FL 33231
II, FE 33231
on our records, <u>enter the name o</u> f the <u>new register</u>
Enter Florida street address
, Florida
, Florida Zip Code

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:

	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	-		□ Add
			ПRетюче
			□ Add
		<del> </del>	□ Remove
			□Remove
			□Add
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			□Add
			□ Remove
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Tactive date if other than th	e date of filing:			(ontions	n
Tective date, if other than the an effective date is listed, the date in ote: If the date inserted in this accument's effective date on the	block does not me	et the applicabl	e statutory filing re	quirements, this da	ng.) Pursuant to 605.020 te will not be listed as
record specifies a delayed effect is filed.	ive date, but not a	n effective time	, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after the
JUNE 13TH		2024			
	7		•		
	Simulation of A		ed representative of a	member	
	Signature of a me	emo <del>c</del> r or aumonz	ou representative of a	i trastillaçã	
MICHAEL SPAULO					

. . . . .

Filing Fee: \$25.00