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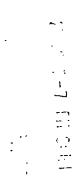
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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: <u>Maoti</u>	C Services U Name of Limit	LC led Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing	
Please return all correspond	dence concerning this matter to	o the following:	
	Stephanie Li	Name of Person	
	Chaotic Services	Firm/Company	
	12151 nw 912t	Terrace Address	
	Chiefland FL	32626 City/State and Zip Code	
	Lightnerworts 6	ama'l .com	ation)
For further information cor	ncerning this matter, please cal		
Stephonie Lid Name of I	ntrec	at (<u>ZSZ</u>) <u>3 Z 7 - D3</u> Area Code Daytime T	SS Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

72.007-7 FIL 0:41

Chaotic Services LLC					
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	7. F <u>r</u>				
The Articles of Organization for this Limited Liability Company were filed on Sone. 27, 2024 and assign Florida document number L24000291878.	ed				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability company here:					
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here:	<u>egistered</u>				
Name of New Registered Agent:					
New Registered Office Address:					
New Registered Office Address. Enter Florida street address	Enter Florida street address				
, Florida					
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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obtigations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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.	ınd				

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 Title. Name . <u>Address</u> Type of Action 1251 NO 91st Tepace RIAdd Matthew Cightner MGR Christland FL 32626 Remove MGR Ryan Algaze 51 5E 709 5L XAdd OH Town FI 32680 Remove _____ □Change _____ □Remove ____ □Change _____ □Add □Remove _____ Change ____ □Add _____ □Remove □Add □Remove

_____ □Change

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ecord specifies a de is filed.	elayed effective date, but	t not an effective	time, at 12:01 a.m.	on the earlier of: (b) The 90th day after t
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Dupt	Signature	of a member or aut	horized representativ	e of a member	

Filing Fee: \$25.00