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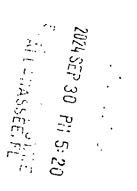
(Requestor's Name)
(Address)
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(1881888)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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Office Use Only



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COVER LETTER

TO:	Registration 5 Division of Co				
CHDICA		N V&P LLC			
SUBJEC	., I:	Name of Lim	ited Liability Company		
The encl	losed Anicles o	of Amendment and fec(s) are sub	mitted for filing.		
Please re	eturn all corresp	pondence concerning this matter	to the following:		
		Vito Tuozzolo			
			Name of Person		
		T&B CONSULTING			
			Firm/Company		
		1650 SAND LAKE RD, S	TE 233		
			Address		
		ORLANDO, FL 32809			
			City/State and Zip Code		
		info@tbhg.biz	to be used for future annual report not	ification)	
For furth	ner information	concerning this matter, please or	·	median)	
Vito Tu	ozzolo		407 988-3362		
	Name	of Person	Area Code Daytin	ne Telephone Number	
Enclosed	d 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 Addr Registration	Section	Street Address: Registration Se		
	Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

cars on our records.) y)	
07/01/2024	_ and assigned
<u>here</u> :	
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Florida street address	
Florida	Zip Code
	here: de designation "LLC" or the abbre

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	SILVIA PIETRO	17077 WAITER SPRING BLVD	□Add
		WINTER GARDEN, FL 34787	≣Remove
			□Change
AMBR	SILVIA PRIETO	17077 WATER SPRING BLVD	
		WINTER GARDEN, FL 34787	□ Renюve
			Chunge
			□Add
			Петюче
			□Change
			□Remove
			Change
			□Remove
			□Add
			□Remove
			Change

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ective date, if other than the date effective date is listed, the date must be te: If the date inserted in this block nument's effective date on the Dep	k does not meet the applicable	ate of filing or more than e statutory filing require	(optional) 90 days after filing.) Pursuant to ements, this date will not be	o 605,020 e listed a
cord specifies a delayed effective of sfiled.	late, but not an effective time.	at 12:01 a.m. on the c	arlier of: (b) The 90th day	after the
AUGUST 24	2024			
	- Setter	۲		