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COVER LETTER

Registration Se Division of Cor			•	
	LLC ·			
· I ·	Name of Limi	ted Liability Company		
	Ernesto Morales			_
		Name of Person		-
	Coredesca, LLC			_
		Firm/Company		
	3300 NW 112th Ave. Unit	11		_
		Address		
	Doral, FL 33172			_
	ernesto@makinosky.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report not	ification)	
er information c	oncerning this matter, please co	all:		
Barrio		at ()		
Name o	f Person	Area Code Daytim	ne Telephone Numbe	er -
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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

Coredesca, LLC		
(Name of the Limite	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	~ ==
The Articles of Organization for this Limited Lie Torida document number L21000219097	ability Company were filed on 05/11/2021	and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the al	obreviation "L.1.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE)	T ADDRESS)	<u> </u>
		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office address on our records, enter the nan	ne of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing R	•	
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis	d agent and agree to act in this capacity. I further ager and complete performance of my duties, and I am stered agent as provided for in Chapter 605, F.S. Or, registered office address, I hereby confirm that the li	familiar with and if this document is
	If Changing Registered Agent, Signature of New Re	gistered 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	Ernesto Morales	3300 NW 112th Ave. Unit 11. Doral, FL 33172	= Add
			Remove
			□Change
			🗆 Add
			□Remove
			[] Change
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