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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

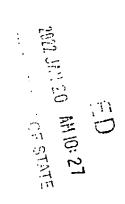
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A. RIVERS
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: C&D Support Service L.L.C., Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Calvin Boyd Name of Person
CED Support Service L.L.C.
8379 Shumoch Aue
North Port Fl 34287-1925 City/State and Zip Code
CDService One Gamail - Com E-mail address: (to be used for future amusal report notification)
For further information concerning this matter, please call:
Calvin Boyd at (203) 521-1563 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{ \$30.00 Filing Fee & Certificate of Status} \$\times \text{ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\times \text{ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\times \text{ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\times \text{ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$ \$60.00 Filing Fee, Certified Copy (

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

CGD Support Setu (Name of the Limited Liability Compania) (A Florida Limited Liability Compania)	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L 21000354919</u>	were filed on 81121 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil The new name must be distinguishable and contain the words "Limited Liability".	NA
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here: Name of New Registered Agent:	Idress on our records, enter the name of the new registered
New Registered Office Address:	Enter Florida street address

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.

City

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 = Mar AMBR = Aut	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Depn Fennell	Mount Vernon 104 1055	_ DAdd
		Mount Vernon NY 1055	≥ □Remove
			□Change
			□Add
			_ Remove
			_ □Change
			□Add
			□Remove
			_ Change
			⊡Add
			□Remove
			_ Change
			□Add
			□Remove
			□Change
			□Add
			_ □Remove

□Change

). If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(If an effective danger of the danger)	e, if other than the date of filing:
the record specificant is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2022. Signature of a previour or authorized representative of a member
_(Typed or printed name of signee