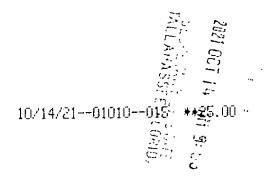
## L21000428429

(Re	equestor's Name)	
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10/25/21 T.A.S ,

## **COVER LETTER**

**Division of Corporations** CEDECON SUPPLIER, LLC SUBJECT: \_\_\_\_\_ 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: JORGE LUIS CEDENO CARDENAS Name of Person CEDECON SUPPLIER, LLC Firm/Company 236 AFTON SQUARE, APT 110 Address ALTAMONTE SPRINGS, FL 32714 City/State and Zip Code COMERCIALFERRETERO4C@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 076-6016 JORGE LUIS CEDENO CARDENAS Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

**Mailing Address:** 

TO:

Registration Section

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**

CEDECON SUPPLIER, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our record d Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Compar	ny were filed on 09/29/2021	and assigned
lorida document number L21000428429		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	bility 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)		22
		121 OCT
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	S
	, Flo	orida 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 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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	PEDRO J CEDENO AROCHA	236 AFTON SQUARE APT 110	<b>=</b> Add
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ffective date, if other than the an effective date is listed, the date m	e date of filing:		(option	nal)
fote: If the date inserted in this b	lock does not meet the app	olicable statutory filir	ig requirements, this	ling.) Pursuant to 605.020 date will not be listed a
ocument's effective date on the I	Department of State's reco	rds.		
record specifies a delayed effecti	ve date, but not an effectiv	re time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
l is filed.				
rated	2021			