

L22000382684

Florida Department of State
Division of Corporations
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((H25000325661 3)))



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Division of Corporations
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Phone : (305)510-3848
Fax Number : (786)789-2416

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TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CJDA SERVICES LLC**

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TALLAHASSEE, FLORIDA

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K. SALY

SEP 11 2025

COVER LETTER

(((H25000325661 3)))

**TO: Registration Section
Division of Corporations**

SUBJECT: CJDA SERVICES LLC
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:

CARLOS MONCADA NIETO

Name of Person

Carlos Moncada Nieto

Firm/Company

19245 FRANJO RD

Address

Cutler Bay, FL 33157

City/State and Zip Code

MONCANISERVICES@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS MONCADA NIETO

689
at ()

233-0785

Name of Person

Area Code

Daytime 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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H25000325661 3)))

CJDA SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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FILED
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/02/2022 and assigned
Florida document number L22000382684.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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 agent and/or the new registered office address here:

Name of New Registered Agent:

YOUR DREAM MULTISERVICES CORP

New Registered Office Address:

9554 NW 41ST ST

Enter Florida street address

DORAL

Florida

33178

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 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.

Isamar Torres

If Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	DIEGO ALEJANDRO MOCADA	19245 FRANJO RD	☐ Add
		Cutler Bay, FL 33157	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Through this message, I would like to inform you that I have decided to step down, which is why I am
proceeding with the sale of my shares. I am deeply grateful for the time shared and the experiences
gained throughout this journey.

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STATE OF FLORIDA
TALLAHASSEE

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated SEPTEMBER 9 2025

Carlos Moncada Nieto
Signature of a member or authorized representative of a member

CARLOS MONCADA NIETO

Typed or printed name of signee

(((H25000325661 3)))

Filing Fee: \$25.00