

m95000000226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

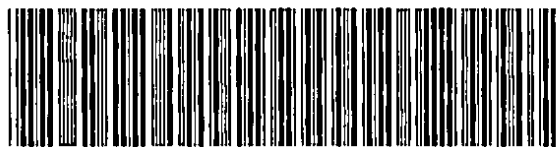
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300329418893

06/03/19--01023--017 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 JUN -3 AM 8:16

Amend/name change

JUN 22 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CDT'S ESPEDECO, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN H. EDEN IV, ESQ.
Name of Person

EDEN LAW GROUP, P.A.
Firm/Company

217 N. Apopka Ave.
Address

Inverness, FL 34450
City/State and Zip Code

attyeden@elgpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN H. EDEN IV, ESQ. at (352) 726-1224
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 JUN -3 AM 8:16

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: CDT'S ESPEDECO, LLC, L.C.

Enter new principal office address, if applicable: 217 N. Apopka Ave.
Inverness, FL 34450
*(Principal office address
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 217 N. Apopka Ave.
Inverness, FL 34450
*(Mailing address
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M95000000226

3. Jurisdiction of its organization: COLORADO

4. Date authorized to do business in Florida: 7/28/95

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 JUN -3 AM 8:16

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: CDT'S ESPEDECO, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: JOHN H. EDEN IV, ESQ.

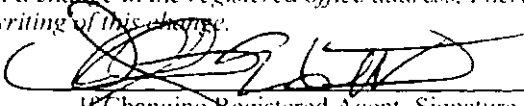
New Registered Office Address: 217 N. Apopka Ave.

Enter Florida Street Address

Inverness, Florida 34450
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.


If Changing Registered Agent, Signature of New Registered Agent

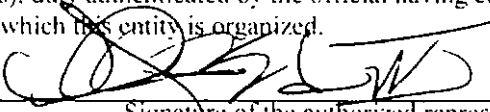
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

JOHN H. EDEN IV, ESO and PATRICIA S. EDEN, shall be the sole managers of the LLC. All former manager/members are hereby removed as indicated below.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Manager</u>	<u>JOHN H. EDEN IV</u>	<u>217 N. Apopka Ave., Inverness, FL 34450</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Manager</u>	<u>PATRICIA S. EDEN</u>	<u>217 N. Apopka Ave., Inverness, FL 34450</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>ROBIN TUTTLE MAGUIRE</u>	<u>1940 ST ANDREWS CT OXNARD, CA 93036</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>ANNIE LAURIE TUTTLE</u>	<u>360 Asheville Road Asheville, NC 28806</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>DINSMORE TUTTLE</u>	<u>108 N COUNTY RD 5 FORT COLLINS, CO 80524</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

John H. Eden IV

Typed or printed name of signee

Filing Fee: \$25.00

8. Continued

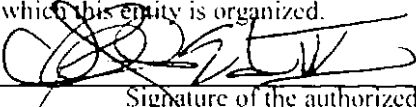
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:


JOHN H. EDEN IV, ESO and PATRICIA S. EDEN shall be the sole managers of the LLC. All former manager/members are hereby removed as indicated below.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
MGRM	VICTORIA TUTTLE	144 COYOTE CT, BOULDER, CO 80302	<input type="checkbox"/> Add
_____	_____	_____	<input checked="" type="checkbox"/> Remove
MGRM	AMELIA TUTTLE	8720 N. COUNTY RD 23E LAPORTE, CO 80535	<input type="checkbox"/> Add
_____	_____	_____	<input checked="" type="checkbox"/> Remove
MGRM	BETTINA TUTTLE	P.O. BOX 760 LONDONDERRY, VT 05148	<input type="checkbox"/> Add
_____	_____	_____	<input checked="" type="checkbox"/> Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



 Signature of the authorized representative



 Typed or printed name of signee

Filing Fee: \$25.00