L00000013143

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A. RIVERS
JUL 2 1 2023

COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: CDR Presid		ited Liability Company	 	
		, , ,		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Karen Vermilyea			
		Name of Person		
	CDS International Holding	gs Inc		
	·	Firm/Company		
	109 SE 5th Ave 2nd Floor			
		Address		
	Delray Beach, FL 33483			
		City/State and Zip Code		
	karen.vermilyea@cdsholdir			
		to be used for future annual report not	incation)	
For further information c	oncerning this matter, please c	311:		
Karen Vermilyea		at (561) 278-1169 x		
Name o	f Person	Area Code Daytii	ne Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25,00 Filing Fee	[2] \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	[1] \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres	<u>s:</u>	Street Address:		
Registration Section		Registration Se	Registration Section	
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee	
Tallahassee, F1. 32314			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

(A Florida I.	imited Liability Company)		
The Articles of Organization for this Limited Liability Col Florida document number L00000012742	mpany were filed on 10/19/2000	and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the	abbreviation "L.,	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, enter the na	me of the nev	v registere
New Registered Office Address:			····
	Enter Florida street address	<u>.</u> . . . •	
	Florida _	Zip Gode	
	•	Zip Gode	No. 1
New Registered Agent's Signature, if changing Registered	Agent:	1. F.S	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my duties, and I ament as provided for in Chapter 605, F.S. O	i familiar wit r, if this docu	h and ment is
	If Changing Registered Agent, Signature of New R	legistered Agen	

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>	Type of Action
VP	Augusto J Alizo	109 SE 5th Ave 2nd Floor	LiAdd
		Delray Beach, Ft. 33483	≡Remove
VP	James Baker	109 SE 5th Ave 2nd Floor	≓Add
		Delray Beach, FL 33483	[TRemove
			[] [] [] [] [] [] [] [] [
			[]Add
			[]Remove
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			F1Add
			[]Remove
			l lChange

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Dated 5/16 2023 When I was a signature of a member or authorized representative of a member		
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,		Signature of a member or authorized representative of a member
		,