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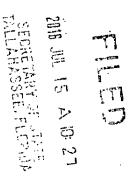
(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	Registration Sec Division of Corp			
CUDIEC		ESTMENTS, LLC		
SUBJEC	1;	Name of Lim	ited Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspoi	ndence concerning this matter	to the following:	
	•	ABRAHM SMITH		
		. , , ,	Name of Person	
		BAKER & MCKENZIE, I	LLP	
			Firm/Company	
		1111 BRICKELL AVE., S	SUITE 1700	
			Address	
		MIAMI, FLORIDA 33131	I	
			City/State and Zip Code	
		ABRAHM.SMITH@BAKI		
		E-mail address: (to be used for future annual report notifica	
For furthe	er information co	oncerning this matter, please ca	all;	
ABRAHI	м ѕмітн		305 789 8972 at ()	
	Name of	Person	Area Code Daytime T	elephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Section Status & Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	ility Company were filed on	and assigned
Florida document number	·	
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or	registered office address on our records,	enter the name of the nev
registered agent and/or the new registered office	e address here:	200 (200
		Control of tempta
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Flor	ida 🔃 🗀
	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

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>	Address	Type of Action
MGR	POA MANAGEMENT LTD.	TRIDENT CHAMBERS	□ Add
		PO BOX 146, ROAD TOWN,	■ Remove
		TORTOLA, BVI	Change
MGR	ANDRE KUHN	13611 S. DIXIE HWY	⊑ Add
		SUITE 109-360	□ Remove
		MIAMI, FL 33176	Change
			
			Remove
			Change
			Add
			Remove Change Add
			Remove
			☐ Add
			□ Remove
			□ Change

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frective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing lote: If the date inserted in this block does not meet the applicable statutor ocument's effective date on the Department of State's records.	(optional) ing or more than 90 days after filing.) Pursuant to 605.020' ry filing requirements, this date will not be listed as
e record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	ctive time, at 12:01 a.m. on the earlier o
ated	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00