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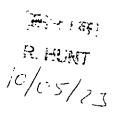
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## **COVER LETTER**

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TO:

	Registration Sec Division of Corp			
CUDIEC		C & P ENTERPRISES, LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	turn all correspon	ndence concerning this matter	to the following:	
		Andrew Hock		
			Name of Person	
		Dewitt Law Firm P.A.		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		1560 W. Cleveland St.		
			Address	
		Tampa, FL 33606		
			City/State and Zip Code	
		andrewhoek@dewittlaw.com		orification)
For furth	er information co	e-mail address: ( oncerning this matter, please c	to be used for future annual report nall:	ornemon
Andrew	Hoek		813 251-2701	
	Name of	f Person	at () Area Code Days	ime Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>≡</b> \$25.0	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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section forporations 7	Street Address: Registration S Division of C The Centre of 2415 N. Mon	Section Corporations

Tallahassee, FL 32303

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

DESILVA C & P ENTERPRISES, LLC

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our r liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L08000086504		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street d	nddress
		_, Florida Zip Code
	City	Zip Coae

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>	Name	Address	Type of Action
MGR DESILVA, PATHMANATH	DESILVA, PATHMANATH	1936 BRUCE B DOWNS BLVD, STE 176	□Add
		WESLEY CHAPEL, FL 33544	<b>■</b> Remove
			[]Change
MGR HOEK, ANDREW	HOEK, ANDREW	1560 W CLEVELAND ST	≣Add
		TAMPA, FL 33606	□Remove
			Change
			□Add
			□Remove
			□Change
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			Remove
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			Change

If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an effect Note: I	e date, if other than the date of filing:
e record rd is file	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
Dated _	10/4/23
	Signature of a member or authorized representative of a member
	ANDREW HOEK Typed or printed name of signee

Filing Fee: \$25.00