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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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COVER LETTER

то:	Registration Sec Division of Corp			
CUDIE		AN SERVICE, LLC		
SUBJEC	~1;	Name of Lim	ited Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspon	ndence concerning this matter	to the following:	
		KARINA MEDINA		
			Name of Person	
	Firm/Company			
	11294 SW 155 LANE			
MIAMI, FLORIDA 33157				
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notificati	on) 35 26
For furth	ner information co	oncerning this matter, please ca	all:	2020 SEP
KARIN	A MEDINA		786 201-2112 at ()	P 25
	Name of	f Person	Area Code Daytime Tel	ephone Number
Enclosed	d is a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now appea	rs on our records.)
	ited Liability Company as it now appea (A Florida Limited Liability Company)	·
The Articles of Organization for this Limited I	iability Company were filed on 09	/04/2013 and assigned
Florida document number L13000125543	· · · · · · · · · · · · · · · · · · ·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company h	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the o	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
-		2021 T
		SEP SEP
Enter new mailing address, if applicable:		ār, 🕟 👻
(Mailing address MAY BE A POST OFFICE		(7)
		F*41 -
B. If amending the registered agent and/or agent and/or the new registered office address.		ecords, enter the name of the new registered
Name of New Registered Agent:	KARINA MEDINA	
New Registered Office Address:	11294 SW 155 LANE	
	Enter Flo	rida street address
	MIAMI	, Florida 33157
	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	KARINA MEDINA	11294 SW 155 LANE	≣ Add
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Note: If the date inserted document's effective date in the record specifies a delay dis filed.	yed effective date, but not 2020		t 12:01 a.m. on the ea		The 90t		