

L13000131428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

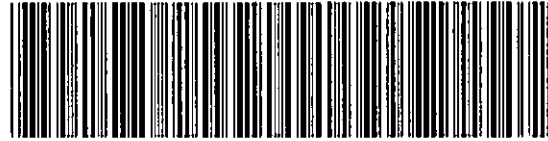
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800374759618

Amend

10/12/21--01049--022 **55.00

2021 OCT 12 AM 10:47
CLERK OF SUPERIOR COURT
JANET L. HARRIS

FILED

OCT 22 2021

A RAMSEY

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CDI FLORIDA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LYDIA MCKITTY

Name of Person

Firm/Company

16 CROSSWAY DR

Address

DEER PARK, NY 11729

City/State and Zip Code

fycrc@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FAY MITCHELL

631 680-4863
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

FILED

2021 OCT 12 AM 10:47

CDI FLORIDA LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on SEPTEMBER 17, 2013 and assigned
Florida document number L13000131428.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

16 CROSSWAY DR

(Principal office address MUST BE A STREET ADDRESS)

DEER PARK, NY 11729

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office 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: EDWIN M ANTHONY

New Registered Office Address: 228 GEORGETOWN DR APT E

Enter Florida street address

CASSELBERRY, Florida 32707

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>	<u>Address</u>	<u>Type of Action</u>
MGR	LYDIA MCKITTY	16 CROSSWAY DR	<input checked="" type="checkbox"/> Add
		DEER PARK, NY 11729	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FAY P MITCHELL	16 CROSSWAY DR	<input checked="" type="checkbox"/> Add
		DEER PARK, NY 11729	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ERICA MCKITTY	228 GEORGETOWN DR APT E	<input checked="" type="checkbox"/> Add
		CASSELBERRY, FL 32707	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DONOVAN MCKITTY	2250 BEDFORD AVE	<input type="checkbox"/> Add
		BROOKLYN, NY 11226	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

[Handwritten signature]

FAY P MITCHELL

Typed or printed name of signee