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STATE ANALYSIS AMID: 46

J. Shivers JAN 2 4 2015

COVER LETTER

	gistration Secti vision of Corpo		•	
CUBICT	CA&DT LL	.C.		
SUBJECT:		Name of Limi	ted Liability Company	
The enclose	d Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspond	ence concerning this matter	to the following:	
		Shelley Brown, Pres	ident	
			Name of Person	
		CA&DT LLC.		
			Firm/Company	
		2138 Van Buren Stre	eet #606	
			Address	
		Hollywood, FL 3302	0	
			City/State and Zip Code	
		cadt@cadttraining.co	m to be used for future annual report notifice	ation)
For further	information con-	cerning this matter, please ca	·	anon)
Shelley I	Brown		954 909-7430	
	Name of P	erson	Area Code Daytime T	elephone 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CA&DT LLC.		
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number L14000064185	pany were filed on April 21 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and end with the words "Limite	d Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	ed office address on our records, ent	er the name of the nev
registered agent and/or the new registered office addres	· ·	
Name of New Registered Agent:		SEC 15.
		36 是 5
New Registered Office Address:	Enter Florida street address	SSE G
	, Florida	
Nam Degistand Agent's Signature 'S -bi D	City	Zip Cöğle
New Registered Agent's Signature, if changing Registered A		6F -

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Shelley Brown	2138 Van Buren Street #606	■ Add
		Hollywood, FL 33020	Remove
MGR 	LaTasha Brown	2098 SW 185th Ave.	■ Add
		Miramar, FL 33029	_□ Remove
			□ Add
			□ Remove
		IALL ARC	Remove
			_□ Remove
<u></u>			Add
			_□ Remove

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i amending any other into	rmation, enter change(s) here: (Attach additional sheets, if necessar)
the date this document is filed by	the date of filing: (optional) c, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the Florida Department of State)
Dated	, 2015
	Director -
	Signature of a member or authorized representative of a member
LaTasha Brow	n, Director

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Filing Fee: \$25.00

15 JAN 13 AM ID: 47