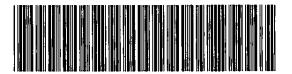
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER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

TO:	Registration Sec Division of Cor				
CUDI		VORLD MANAGEMENT LL	С		
SUBJ	ECI:	Name of Lim	ited Liability Company		
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		JAIME A. ALVARENGA			
			Name of Person		
			Firm/Company		
		8445 NARCOOSSEE RD	#14308	<u> </u>	े जी
			Address		G. 0
		ORLANDO, FL 32827		2	当コー
			City/State and Zip Code	, . *** ! \	
		INFO@ACCOUNTINGOR	L.COM to be used for future annual report notifi	cotion)	明の
For fu	rther information co	oncerning this matter, please co	•	Cationy	35 S
JAIM	E ALVARENGA		321 263-1935		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclos	sed is a check for th	ne following amount:			
■ \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fer Certificate of St Certified Copy (additional copy is a	atus &

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

ompany as it now appears on our recordited Liability Company)	<u>ds.</u>)
pany were filed on 08/04/2014	and assigned
liability company here:	
Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
<u> </u>	ESS 5
	福 5 15 15 15 15 15 15 15 15 15 15 15 15 1
	- 3
ed office address on our record here:	ls, enter the name of the ne
Enter Florida street addre	255
. F	lorida
City	Zip Code
	Liability company here: Liability Company," the designation "LLG S) d office address on our record here: Enter Florida street address, F

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	JAIME A ALVARENGA	8445 NARCOOSSEE RD #14308	Add
		ORLANDO, FL 32827	■ Remove
			☐ Change
			Remove
			Change
			Add
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	of filing:			(option	ıal)	
Effective date, if other than the date		he prior to date	of filing or more t	han 90 days after fi	ling.) Pursuant to	505.0207
Effective date, if other than the date fan effective date is listed, the date must be sp	ecific and cannot	toe prior to date				
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Note: If the date inserted in this block do	oes not meet th	e applicable sta	atutory filing red	quirements, this d	late will not be l	isted as
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Dated	oes not meet the nent of State's ective date, s filed.	e applicable starecords.	atutory filing red	e, at 12:01 a.:	m. on the ea SEARETARY O	rlier of

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Typed or printed name of signee

Filing Fee: \$25.00