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COVER LETTER

TO:	Registration Se Division of Cor							
CUDI		ICES, LLC.						
SUBJE	ECT:	Name of Lim	ited Liability Company					
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please	return all correspo	ndence concerning this matter	to the following:					
		IAN ILLYCH MARTINEZ	Z, ESQ.					
			Name of Person					
		BELLO & MARTINEZ, P	LLC					
	Firm/Company							
		2850 DOUGLAS ROAD, SUITE 303						
			Address					
		CORAL GABLES FL 33134						
		City/State and Zip Code imartinez@bmrlawgroup.com						
		E-mail address: (to be used for future annual report notification)						
For fur	ther information c	oncerning this matter, please co	all:					
IAN ILLYCH MARTINEZ			305 442-7970 at ()					
	Name o	f Person	Area Code Daytime	Telephone Number				
Enclos	ed is a check for th	ne following amount:						
12 \$2	5.00 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

(Name of the Limit	ted Liability Compa (A Florida Limited)	iny as it now appears on o Liability Company)	ur records.)	
The Articles of Organization for this Limited L Florida document number L115000133261	iability Company	were filed on 08/04/20	015	and assigned
This amendment is submitted to amend the foll-	owing:			
A. If amending name, enter the new name o	f the limited liab	oility company here:		
N/A				
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designa	tion "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applic	able:	N/A		
Principal office address MUST BE A STREE	T ADDRESS)		T	19
			2	生工
				-6
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE	BOX)	N/A		
3. If amending the registered agent and registered agent and/or the new registered of	_		records, enter the	name of the
Name of New Registered Agent:	BELLO & MA	RTINEZ, PLLC		
New Registered Office Address:	2850 DOUGL/	AS ROAD, SUITE 303		
		Enter Florida str	eet address	
	CORAL GABL	LES	Florida 33134	
		City	7	in Code

New Registered Agent's Signature, if changing Registered Agent:

GAO SERVICES, LLC.

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

Page Lof 3

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
			□ Remove
			Change
			□ Add
			☐ Remove
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4.				06/04/2019			,	umtium all	
ettive effect	e date, if other live date is listed, t	t nan tne c he date must	i ate of filing be specific and	cannot be prio	r to date of	tiling or more	than 90 days	optional) after filing.)	Pursuant to 605.0
<u>ie:</u> If	the date inserted	l in this blo	ek does not m	eet the appli	cable stati	tory filing r	equirement	s, this date v	vill not be listed
umen	t's effective date	e on the Dep	partment of S	tate's records	; .				
	rd specifies a			ate, but no	ot an eff	ective tin	ne, at 12:	01 a.m. c	n the earlier
ne 9	Oth day after	the reco	ru is meu.						
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Typed or printed name of signee

Filing Fee: \$25.00