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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

Div	ision of Corp	oorations				
SURIECT	CDS 5th Av	renue LLC				
obsect.		Name of Lin	ited Liability Company			
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		Maritza Benitez				
			Name of Person			
		CDS International Holding	gs, LLC			
Firm/Company						
3299 NW Boca Raton Blvd						
	Address					
CDS International Holdings, LLC Firm/Company 3299 NW Boca Raton Blvd Address Boca Raton, FL 33431 City/State and Zip Code maritza.benitez@cdsholdings.com E-mail address: (to be used for future annual report notification) for further information concerning this matter, please call: Maritza Benitez at (
		Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. Maritza Benitez Name of Person				
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C	£		•	ication)		
ror further in	tormation co	ncerning this matter, please co	all:			
Maritza Beni	itez					
	Name of	Person		Telephone Number		
Enclosed is a	check for the	following amount:				
■ \$25.00 Fi	iling Fee		Certified Copy	Certificate of Status & Certified Copy		

MAILING ADDRESS:

TO: · Registration Section

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

CDS 5th Avenue LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on July 24, 2017 ___ and assigned Florida document number L17000158764 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: (Principal office address MUST BE A STREET ADDRESS) 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: New Registered Office Address: Enter Florida street address _. Florida <u>_.</u> City

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	CDS GROUP HOLDINGS, LLC	3299 NW 2ND AVENUE	
		BOCA RATON, FL 33431	■ Remove
			Change
MGR	FRANCIS TOUBOUL	3299 NW 2ND AVENUE	■ Add
		BOCA RATON, FL 33431	□ Remove
			☐ Change
			Change
			——— Change
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			Remove
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Effect	ive date, if other than the date of filing: (optional)	
If an ef Note:	ive date, if other than the date of filing:)207 (. Las il
	nent's effective date on the Department of State's records.	<i>,</i> 43 ((
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier	r of:
The	90th day after the record is filed.	
5. 1		
Dated		
	MATUREST.	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00