L17000/60294

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K SALY Nov 15 2017

COVER LETTER

TO:	Registration Sec Division of Corp			
CUDIC		DRIVE, LLC		
SUBJE	ol:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
-		CANDY BROWNLOW		
			Name of Person	
		JOHN P. MAAS, ATTOR	NEY AT LAW	
			Firm/Company	
		44 NE 16 STREET		
			Address	
		HOMESTEAD, FL 33030		
		KAMYFIRE@GMAIL.CO	City/State and Zip Code M	
		E-mail address: (to be used for future annual report notifi	cation)
For furth	ner information co	oncerning this matter, please co	all:	
CAND	Y BROWNLOW		305 247-7132	
	Name of	Person		Telephone Number
Enclosed	d is a check for th	e 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

FILED
2017 NOY 14 PM 2: 40

SECRE JARY OF STATE
TALLAHASSEE. FLORIDA

HARDING DRIVE, 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 I	Liability Company	were filed on JUL	Y 26, 2017	and assigned
Florida document number L17000160294	<u>. </u>			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited lial	bility company here	:	
N/A				
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the desi	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
	FROX)			
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			our records, <u>ente</u>	the name of the new
New Registered Office Address:	N/A			
		Enter Florido	a street address	
			, Florida	Zip Code
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent	<u>:</u>		
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as registered office	performance of m provided for in Ch	y duties, and I am apter 605, F.S. Or	familiar with and t, if this document is
	If Cha	nging Registered Agen	t, Signature of New F	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

Title	<u>Name</u>	Address	Type of Action
MGR	JOSEPH FIRESTONE	15100 SW 288 STREET	☐ Ađd
		HOMESTEAD, FL 33033	■ Remove
			Change
. MGR	ERIC NICHOLAS FIRESTONE	15100 SW 288 STREET	
		HOMESTEAD, FL 33033	■ Remove
MGR	LISA KRISTIN FIRESTONE BLACK	15100 SW 288 STREET	Add
		HOMESTEAD, FL 33033	■ Remove
			☐ Change
			Add
			□ Remove
			28 NOVAL SECRETAR SECRETAR SALLAHASSI
			RY OF STATE OF SEE, FLORIDA
			□ Remove
			□ Change

N/A 				_
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ective date, if other than the dat	te of filing:		(optional)	
effective date is listed, the date must be e: If the date inserted in this block	specific and cannot be prior to	date of filing or more than	90 days after filing.) Pursuant to 6	05.0207
ument's effective date on the Depar		ic statutory ming requir	ements, this date will not be in	sicu as
record specifies a delayed ef		an effective time, a	t 12:01 a.m. on the ear	lier of
he 90th day after the record	is filed.			
ed NOVEMBER	2017			
:u	·	. •		
Fri Ties	etono.			
Sign	nature of a member or authori	zed representative of a mer	niber	

Page 3 of 3

Filing Fee: \$25.00