

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





05/17/24--01018--025 **25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CDM RESTAURANTS, LLC				
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)			
The Articles of Organization for this Limited Liability Con	npany were filed on December 12, 2017	and assigned		
Florida document number 82-3720725				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company here:			
The new name must be distinguishable and contain the words "Limited	Liability Company." the designation "LLC" or th	e 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)		3		
		1		
B. If amending the registered agent and/or registered of	ffice address on our records, <u>enter the n</u>	ame of the new regist		
agent and/or the new registered office address here:				
Name of New Registered Agent:		ī.)		
Name of New Registered Agent.				
New Registered Office Address:		·		
	Enter Florida street address			
	, Florida			
	Ciţv	Zip Code		

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>	Name	Address	Type of Action
AMBR	Jacob Berra	29947 Morningmist Drive	■ Add
		Wesley Chapel, Florida 33543	□ Remove
AMBR	Martin Roeske	2303 Sun Vista Drive	≡ Add
		Lutz, Florida 33559	□Remove
			□Change
			□Add
			□Remove
			□Change
			
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			□ Change

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Tective date, if other than an effective date is listed, the date ote: If the date inserted in this ocument's effective date on the	must be specific and cannot block does not meet the	be prior to date of filit applicable statutor	ng or more than 90 days a	otional) fter filing.) Pursi this date will r	uant to 605.020 not be listed a
record specifies a dela The 90th day after the	ved effective date, l ecord is filed.	out not an effec	tive time, at 12:0	l a.m. on tl	he earlier (
otted	1 202. 1 246 A				
	Signature of a member	or authorized represe	ntative of a member		
	3				

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Filing Fee: \$25.00