(Requestor's Name) (Address)	
(Address)	800397275758
(City/State/Zip/Phone #)	1/14/2201021 -000 * 101(
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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CTD SERVICES LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)
(A Florida Limited I	Liability Company
	02/11/2018
The Articles of Organization for this Limited Liability Company	were filed on <u>02/14/2018</u> and assig
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	<u>ility company here:</u>
CHARGERLOGIX LLC	
The new name must be distinguishable and contain the words "Limited Liani	lity Company," the designation "LLC" or the abbreviation "L.L.C
The second state of the state of the second state of the	6950 BRYAN DAIRY RD STEA, SEMINOLE FL 3577
Enter new principal offices address, if applicable:	
(Principal office address MUST_BE A STREET ADDRESS)	
	4020 DDVAN DADW DIVETU A CEMINIALU EL 2277
Enter new mailing address, if applicable:	6950 BRYAN DAIRY RD STE A, SEMINOLE FL 33777
	· · ·
(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 reg
agent and/or the new registered office address here:	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
6950 BRYAN I	DAIRY RD SUITE A
New Registered Office Address:	
	Enter Florida street address

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 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 i 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.

Cin

SEMINOLE

Florida

Zip Code

or removed from our records:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of 2
AMGR	DANKOS, TAMAS	2817 NEWBERN WAY	□Add
		CLEARWATER, FL 33761	🔳 Remo
		······································	□Chang
MGR	DANKOS, CLAUDIA	2817 NEWBERN WAY	🗆 Add
		CLEARWATER, FL 33761	
			Thange
MGR	JUAN VICTORINO	1304 HOMESTEAD DR	🖬 Add
		PALM HARBOR FL 34683	
			□Change
			🗆 Add
			□Change
			🗍 Add
			□Change
			🗆 Add
			🗆 Remove
			□Change

D.	If amending any other	information, ente	r change(s) here:	(Attach additional sheets,	if necessary.)
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N/A

E. Effective date, if other than the date of filing: ______ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	2022
	Leon Leon
	Significant a member or mithorized representative of a member
CLAUDIA DA	ANKOS
••••	Typed or printed name of signee

Filing Fee: \$25.00