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C. GOLDEN SEP 2 0 2020

## **COVER LETTER**

TO:	Registration S Division of Co.			
CUDI		nily Estate, LLC		
SUB.	JECT:	Name of Lin	uted Liability Company	
		Amendment and fee(s) are sub	<u>.</u>	
	·	Pamela S Gerali	Ų.	
		·	Name of Person	-
		Deeter Family Estate		
		<del></del>	Firm/Company	<del></del>
		12856 Pond Apple Drive	Vest	
			Address	<del></del>
		Naples. FL 34119		
			City/State and Zip Code	·
		doclami@aol.com  E-mail address: (	to be used for future annual report notif	ication)
For fu	orther information of	concerning this matter, please c	·	·
Pame	la S Gerali		239 272-0881	
	Name o	of Person	at () Area Code Daytimo	Telephone Number
Enclo	sed is a check for t	he following amount:		
<b>■</b> \$2	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)

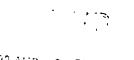
MAILING ADDRESS:

 $\|f_{i}\|_{L^{2}}\to \infty$ 

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



2020 £ - 3 Pi 1: 13

ay as it now appears on our reco liability Company)	ords.)
were filed on 3/5/18	and assigned
	•
lity company here:	
ty Company," the designation "L	LC" or the abbreviation "L.L.C."
·	
ice address on our recor	ds, enter the name of the n
:	
Enter Florida and H	
Emer r ioriaa sireei aaai	22.77
	Florida
on, v	Lip Code
a to ant in this name its. I t	C
verformance of my duties, covided for in Chapter 605	and I am familiar with and S. F.S. Or, if this document is
idaress, I hereby confirm t	hat the limited liability
	Enter Floridu street addi

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
AMBR	Kathleen M Martin	7943 Lilly Road, Meadville, PA 16535	<b>=</b> Add
		·	Remove
			Change
			Add
			☐ Remove
			Change
<del></del>			□ Add
		<del></del>	□ Remove
			Change
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actis	e date, if other than the date of filing: 7/29/20 (optional)
effec	tive date is listed, the date must be specific and cannot be phor to date of filing or more than 90 days after filing.) Pursuant to 605.020
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reco	90th day after the record is filed.

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Typed or printed name of signee

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