L180002 31771

(Requestor's Na	ime)	
(Address)	-	
(Address)		
(City/State/Zip/F	Phone #)	
PICK-UP	☐ WAI	T MAIL	
	Business Entity	y Name)	
(Document Num	nber)	
Certified Copies	Certifi	cates of Status	
Special Instructions	to Filing Officer	r:	
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SECRETARY OF STATE

O SIMMONE FEB 2 8 2019



January 16, 2019

JULIA ORIOL 95 MERRICK WAY, STE 480 CORAL GABLES, FL 33134

SUBJECT: CDH PLANNING LLC Ref. Number: L18000231771

We have received your document for CDH PLANNING LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 619A00001318

Octavia L Simmons Regulatory Specialist III

www.sunbiz.org

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE		NNING LLC		
SUBJE		Name of Lim	ited Liability Company	 -
The end	closed Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		JULIA ORIOL		
			Name of Person	
		CDH PLANNING LLC		
			Firm'Company	
		95 MERRICK WAY , SUI	HTE 480	
			Address	
		CORAL GABLES, FL 33	134	
		JORIOL@USACONTINE	City/State and Zip Code NTAL.COM	
		E-mail address: (to be used for future annual report notific	ation)
For fur	ther information c	oncerning this matter, please c	all:	
JULIA	ORIOL		305 7047396 at ()	
	Name o	f Person	Area Code Daytime T	Felephone Number
Enclose	ed is a check for th	ne following amount:		
	5.00 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)
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corporat Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CDR FEARWING ELC	
(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 10/01/2018 and assigned	
Florida document number L18000231771	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
	i •
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C."	
	-
Enter new principal offices address, if applicable:	-
(Principal office address MUST BE A STREET ADDRESS)	-
<u> </u>	-
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
Training address St. 17 DE 17 COT OF FIFTED DO.LY	•
B. If amending the registered agent and/or registered office address on our records, enter the name of the	1ew
registered agent and/or the new registered office address here:	
Name of New Registered Agent: JUAN (UIDS .) WICOU	
OF MARYOR HOLL (1120 HOL)	
New Registered Office Address: 45 William Elveids etwart address:	
foral fubles 22:321	
$\frac{(000 6000)}{600}$. Florida $\frac{33132}{2000}$	
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with	he
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 form Chapter 605. F.S. Or, if this document is	
being filed to merely reflect a change in the registered office address, Phereby confirm that the limited liability	
company has been notified in writing of this change.	
If Changing Registered Agent, Signature of New Registered Agent	

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	JUAN CARLOS JURADO	95 MERRICK WAY, SUITE 480 CORAL GABLES, FL 33134	⊞ Add
			Remove
			Change
			Add
			☐ Remove
			Change T
		~	10 Remode
			Add
			Remove
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Effective date, if other than the d f an effective date is listed, the date must b Note: If the date inserted in this blockdocument's effective date on the Dep	k does not meet the applicable stat	of filing or more than 90 days tutory filing requirements,	optional) after filing.) Pursuant to 605,020 , this date will not be listed as
e record specifies a delayed of the 90th day after the record	effective date, but not an el d is filed.	ffective time, at 12:0	01 a.m. on the earlier o
Dated	2019		
	Modelingua		
S	gnature of a member or authorized re	resentative of a member	
	'		

Page 3 of 3

Filing Fee: \$25.00