5/14/2019



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

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Phone : (323)962-8600

Fax Number

: (323)962-3889

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2019

- COVER LETTER

TO:	T(): Registration Section Division of Corporations					
CUDIE		DEWEY LLC				
SUBJEC	∪1; <u></u>	Name of Limi	ited Liability Company			
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.			•
Please re	etum all correspo	indence concerning this matter	to the fallowing:			
		Cheyenne Moselcy				
			Name of Person			
		Legalzoom.com, Inc.				
			Firm/Company			
		101 N. Brand Blvd., 11t	h Floor		201	
			Address		2019 MAY	
		Glendale, CA 91203			#Y 13	ار کار 13 کار
			City/State and Zip Code			
		STRULDAVID@GMAI			PH 12: 07	
		E-mail address: (to be used for future annual report notifical	tion)	∴ ' <u>`</u>	Ċ
For furth	her information c	oncerning this matter, please co	all:		0 7	
Cheyer	nne Moseley		800 773-0888 ext.	9724 -		
	Name o	f Person	Area Code Daytime Te	stephone Number		
Enclose	d is a check for ti	he following amount:				
□ \$25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURIER Registration Section Division of Corporation			

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number L19000101417 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida sincu address	ETY 1305 DEWEY LLC	<u> </u>	
The Articles of Organization for this Limited Liability Company were filed on 04/12/2019 and assigned Florida document number L19000101417 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	(Name of the Limited Lia (A Flo	bility Company as it now appears on our prida Limited Liability Company)	records.)
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Enter Florida street uddress	Name of New Registered Agent:		
Enter Florida street uddress	New Registered Office Address:		
PH - * 4 -		Enter Florida stree	n uddress
, Florida			, Florida Zip Code
-		•	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	New Registered Agent's Signature, if changing Regist	tered 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

To Page 5 of 6

> If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
MGR	SHAHAR GOLDBOIM	3330 NE 190TH ST., APT. 214	
		AVENTURA, FL 33180	☑ Remove
			Add
			□ Remove
			Add
			☐ Remove
			2019 HAY 3
			Ranove Co
			112: 07
			Remove
			Remove

D. If amending any other is	nformation, enter change(s) here: (Auach ada	litional sheets, if necessary.)
E. Effective date, if other the (The effective date must be specified date this document is filled)	han the date of filing: lifts, cannot be prior to date of receipt or filed date and cam by the Florida Department of State)	(optional) not be more than 90 days after
Dated <u>05/c</u>	, 2019	
	Signature of a member or authorized representa	tive of a member
	David Strul	
	Typed or printed name of signe	c

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