L19000149835

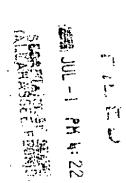
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COVER LETTER

emicer.	CARDALI	ENTERPRISE,LLC		,			
SUBJECT:		Name of Lim	ited Liability Company				
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		FOSTER LOVETT					
		Name of Person					
		LOVETT AND COMPAN	ГҮ, СРА РА				
		Firm/Company					
		1407 TAMPA PARK PLA	ZA STREET				
		Address					
		TAMPA FLORIDA 33605	5				
		City/State and Zip Code LOVETTCPA@AOL.COM					
		E-mail address: (to be used for future annual report notifi	cation)			
For further in	formation co	oncerning this matter, please co	all:				
FOSTER LO	VETT		813 234-3360 at ()				
	Name of	Ferson	Area Code Daytime	Telephone Number			
Enclosed is a	check for th	e following amount:					
■ \$25.00 Fi	iling 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)			
	3 4 4 7 7 1	MC ADDDECC.	STREET/CAUDIE	CD ADDRESS.			

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

CARDALI ENTERPRISE LLC

company has been notified in writing of this change.

(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 L	iability Company were filed on _	06/05/2019	and assigned
Florida document number L19000149835	· · · · · · · · · · · · · · · · · · ·		6
This amendment is submitted to amend the foll	owing:		ζ,
A. If amending name, enter the new name o	f the limited liability company	<u>here</u> :	1
NH			<u> </u>
The new name must be distinguishable and contain the v	vords "Limited Liability Company," the	designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applic	able:		<u>:</u>
(Principal office address MUST BE A STREE	ET ADDRESS)		
			-+
Enter new mailing address, if applicable:			;
(Mailing address MAY BE A POST OFFICE			
			<u> </u>
B. If amending the registered agent and	or registered office address	on our records, enter	the name of the new
registered agent and/or the new registered o		,	
	ala		
Name of New Registered Agent:	10 pr		
New Registered Office Address:			
		lorida street address	·
	/%b)	, Florida	Zin Coda
New Registered Agent's Signature, if changing	·		zip Code
I hereby accept the appointment as registere provisions of all statutes relative to the prop			
accept the obligations of my position as reg	istered agent as provided for in	Chapter 605, F.S. Or.	if this document is.

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action **Title Address** Name | LISA HOHEB 8853 SW 206 LANE MGR _■ Add CUTLER FLORIDA 33189 ☐ Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change _□ Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

•	
•	We add an officer only.
Effec	06/21/2019 tive date, if other than the date of filing:
(If an e Note	ffective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
P3* :	06/24/2019
Dated	
	Signature of a member or authorized representative of a member Saula Eliseo
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00