L19000 224 451

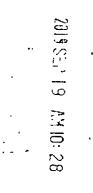
(Re	equestor's Name)	
(Ad	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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09/19/19--01021--032 **25.00



R. WHITE 001-02-2019

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	CCD 2020 INVESTMENTS	LLC	
		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	nondence concerning this matter	to the following:	
	CAMILO DAGHER		
	CCD 2020 INVESTMENT	Name of Person 'S LLC	
	5481 WILES RD, SUITE :	Firm Company 504	
	COCONUT CREEK, FL 3	Address 3073	
	ccd2020investments@gmai	City/State and Zip Code Leom	
	E-mail address: (to be used for future annual report notifi	ication)
For further information	concerning this matter, please co	all:	
CAMILO DAGHER		954 8186527	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$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:

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**



2019 ST 119 74 10: 28

CDD 2020 INVESTMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Lia Florida document numberL19000224451	ability Company were filed on _	09/04/2019	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company h	<u>ere</u> :	
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the	designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	<u></u>	
(Principal office address MUST BE A STREET	TADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE E	<u></u>		
			·
registered agent and/or the new registered off	r registered office address of ice address here:	n our records, <u>e</u> n	nter the name of the r
	r registered office address or	n our records, <u>e</u> n	nter the name of the r
registered agent and/or the new registered off	r registered office address of ice address here:	our records, <u>e</u>	nter the name of the n
registered agent and/or the new registered off Name of New Registered Agent:	er registered office address of ice address here: Enter Flo	n our records, <u>er</u>	nter the name of the r
-	er registered office address of ice address here: Enter Flo	n our records, <u>er</u>	nter the name of the r

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

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>	<u>Address</u>	Type of Action
MGR	CAROLINA PEREZ	5481 WILES RD, SUITE 504, COCONUT CREEK, FL 33073	■ Add
			☐ Remove
			☐ Change
			☐ Remove
			Change
			Add
			☐ Remove
			Change
			Remove
			Change
			Remove
		☐ Change	
			Remove
			Change

Effor	9/16/2019 tive date if other than the date of filing:
Note:	tive date, if other than the date of filing:
	ccord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Datee	SEPTEMBER 09
	Signature of a member or authorized representative of a member
	·

Page 3 of 3

Filing Fee: \$25.00