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JAN 29 2020

S. YOUNG

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF COUPOR	RATION:CAUDLE ESTAT	ES LLC		
DOCUMENT NUME	BER:BER:			
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	MARQUES CAUDLE			
		Name of Contact Persor	1	
	CAUDLE ESTATES LLC			
		Firm/ Company	_	
	4609 FALCON AVE			
		Address		
	KISSIMMEE, FL 34746			
		City/ State and Zip Code	e	
JONA	NTHAN∂WILLIAMSACCT.	COM		
	E-mail address: (to be us	sed for future annual report	notification)	
		·		
For further information	n concerning this matter, pleas	se call:		
JONATHAN TURCI	08	770 at (964-4100	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAUDLE ESTATES LLC			
Name of the Limited	d Liability Company as A Florida Limited Liabilit	t now appears on our records.) y Company)	
The Articles of Organization for this Limited Lia Florida document number <u>L19000264257</u>		filed on OCTOBER 21, 2019	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability c	ompany here:	
The new name must be distinguishable and contain the wo			
Enter new principal offices address, if applica (Principal office address MUST BE A STREET)	ble:	•	the abbreviation "E.E.C."
Enter new mailing address, if applicable:		NA	
(Muiling address MAY BE A POST OFFICE B	<u></u>		
B. If amending the registered agent and/or registered office address		ss on our records, <u>enter the</u>	name of the new registere
Name of New Registered Agent:			
New Registered Office Address:	NA	F	
		Enter Florida street address	
		, Florid	Zip Code

New Registered Agent's Signature, if changing Registered 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 affice 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>	Address	Type of Action
AMBR	HANA MOORS-CAUDLE	4609 FALCON AVE KISSIMMEE, FL 34746	= Add
			□Remove
			TChange
			□Add
			□Remove
			Change
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			⊡Remove
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<u>ute:</u> If the d	ite inserted in this bl ective date on the D	lock does not meet	the applicable	statutory filing rec	quirements, this d	ite will not be listed a
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_		Signature of a men	ther or authorized	I representative of a	телівег	

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Filing Fee: \$25.00