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COVER LETTER

SURJECT: CD2 IndUSVILS LLC
SUBJECT: CDZ INDUSTIES LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christopher M. Wark Name of Person
Name of Person
CDZ Industries LLC
Firm/Company
8887 NW 19th Street
Address
COYOU SPYINGS, FL 33071 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call: Christopher Claric Name of Person Area Code Daytime Telephone Number.
Name of Person Area Code Daytime Telephone Number.
Enclosed is a check for the following amount: $\frac{1}{\sqrt{1+c}} = \frac{1}{\sqrt{c}} = \frac{1}{\sqrt{c}}$
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy Certifi
(additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section
Registration Section Registration Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on o da Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Florida document number <u>L20000082812</u>	Company were filed on 3 11	o 2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
<u>CDZ</u> Industries LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2021 35.
(Principal office address MUST BE A STREET ADD	ORESS)	
		DEC. SERVICE
Enter new mailing address, if applicable:		PH 3
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our record	s, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
		Florida
Now Bouletoned Assert City Ac 15 1 1 5	City	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 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>	Address	Type of Action
MGR	Andriw dark	7139 NW 49th Ct.	□Add
		Laudernill, FL 33319	⊠ Remove
			Change
.CF.O.	Andrew Dintelman	7602 NW UUT TEV.	□Add
		Tamarac, FL 33321	Kemove
			□Change
			□Add
			□Remove
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record specific Lis filed.	es a delayed eff	fective date, bu	it not an effect	ive time, at 12	1:01 a.m. on t	he earlier of:	(b) The 90th	day afto	er the
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