人20000146355

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Document Number)
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12/21/20 A

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CDD Enterprises LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on 05/29/2020	and assigned
lorida document number L20000146355		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limite	d liability company here:	
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>	
		2021
Inter new mailing address, if applicable:		2020 NOV
Mailing address MAY BE A POST OFFICE BOX)		7 - 7
	CC 11	
 If amending the registered agent and/or registered of gent and/or the new registered office address here: 	office address on our records, enter to	# name of the new regist
gent unero, the new regimes to write water-to-		
N P.N D i at and A		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	ida
——————————————————————————————————————	Circ	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 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	Christopher Dillon	6356 Grand Cypress Circle	≡ Add
=		Lake Worth, Florida 33463	□Remove
			□Change
			□Add
			□Remove
			ZOZONOV IER
			- Rempre
			☐Change
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			□Remove
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			Remove
			Change

Effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more the	YOV T
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fective date, if other than the date of filing:	
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in effective date is listed, the date must be specific and cumot be prior to date of filing or more in total If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional) in 90 days after filing.) Pursuant to 605.0207 direments, this date will not be listed as
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the is filed.	earlier of: (b) The 90th day after the
November 13 Multiple 2020	
Signature of a member or authorized representative of a r	

Filing Fee: \$25.00