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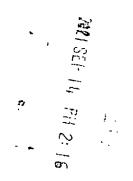
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COVER LETTER

TO: Registration Se Division of Cor			
CDCROCE	K LLC	•	
SUBJECT: Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cody Pellicer, Esq.		
		Name of Person	
	The Hachar Law Firm, P./	۸.	
		Firm/Company	
	8100 Oak Lane Suite 401		
	 <u></u>	Address	
	Miami Lakes, FL 33016		
		City/State and Zip Code	
	cody@hachargroup.com		
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Cody Pellicer		305 200-1308	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration 5		<u>Street Address:</u> Registration Se	ection
Division of Corporations		Division of Co	
P.O. Box 632 Tallahassee, 1		The Centre of 2415 N. Monre	raffanassee De Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CDCROCK LLC		any as it now appears on our records \\ 2: 15	
(Name of the Limit	ed Liability Compa (A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited L. Florida document number <u>L20000170260</u>	iability Company	were filed on 06/18/2020 and assigned	
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liab	pility company here:	
The new name most be distinguishable and contain the w	ords "Limited Liabil	ility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic		8100 Oak Lane Suite 401	
(Principal office address MUST BE A STREET ADDRESS)		Miami Lakes. Fl 33016	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	8100 Oak Lane Suite 401 Miami Lakes, FL 33016	
B. If amending the registered agent and/or ragent and/or the new registered office address		address on our records, enter the name of the new registered	
Name of New Registered Agent:	The Hachar La	aw Firm, P.A.	
New Registered Office Address:	8100 Oak Lane		
	Enter Florida street address		
	Miami Lakes.	, Florida = 33016 Zip Code	
		Ciù Vib c oan	

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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR =	Manager	
AMBR =	Authorized	Member

Title	<u>Name</u>	Address	2421 SEP 14 PH 2: 16	Type of Action
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17. 11 am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef <u>Note:</u>	tive date, if other than the date of filing:
If the recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ided.
Dated	September 7 2021 Parelluls. Signature of a member or authorized representative of a member
	ASIEZ CAZAIS PAVEL TELLO Typed or printed name of signee