120000377858

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COVER LETTER

	gistration Section of Corp					
SUBJECT:		ideman Holdings, Lt.C	,			
SUBJECT.	Name of Limited Liability Company					
The enclose	d Articles of a	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspon	ndence concerning this matter	to the following:			
		Kaari Gagnon, Esq.				
			Name of Person			
	Zarco Einhorn Salkowski & Brito, P.A.					
			Firm/Company			
2 S. Biscayne Blvd., Suite 3400						
			Address			
		Miami, Florida 33131				
		<u> </u>	City/State and Zip Code			
		kgagnon@zarcolaw.com				
			to be used for future annual report noti-	neation)		
For further i	nformation co	oncerning this matter, please ca	ill:			
Kaari Gagn	on		305 374-5418 at ()			
	Name of	Person	Area Code Daytim	e Telephone Number		
Enclosed is	a check for th	e following amount:				
\$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAVID M LUDEMAN HOLDINGS, LLC (Name of the Limited Liability Compan	sould note annions an app road	rds)
(A Florida Limited Li	ability Company)	(10.7)
The Articles of Organization for this Limited Liability Company v Florida document number $\frac{L20000377858}{L20000377858}$.	vere filed on December 2, 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company." the designation "LE	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	_	
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	ddress on our records, <u>ente</u>	er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
	, I	Clorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	performance of my duties, a	and I am familiar with and

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	Daniel Ludeman	4333 N. Ocean Blvd., Apt. DN4	
		Delray Beach, FL 33483	□Remove
			■ Change
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			□Remove
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ective date, if other than the date is listed, the date must be te: If the date inserted in this block tument's effective date on the Department.	e specific and cannot be prior to date k does not meet the applicable s	(option of filing or more than 90 days after tatutory filing requirements, this	filing.) Pursuant to 605.020
cord specifies a delayed effective d s filed.	late, but not an effective time, a	. 12:01 a.m. on the earlier of: (b) The 90th day after the
red January 6	. 2021	representative of a member	
V -2000			

Filing Fee: \$25.00