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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Cadence And Company Designs 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:	
Samone A. Jackson Name of Person	
Cadence and Company Designs LLC.	
13643 Podocarpus lane	
Orlando, Florida 32828 City/State and Zip Code	
Cadence and Company @ gmail. com E-mail address: (to be used for future amual report notification)	
For further information concerning this matter, please call:	
Samore A Jackson at (321) 480-8190 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25,00 Filing Fee □ \$30.00 Filing Fee & □ \$55,00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status	

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

Cadence And Company Designs (LC. 2022 21 PH 2: 33

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/10/2020 and assigned Florida document number <u>L2000385939</u>. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _. Florida ___ City

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	Jimmy L. Hudson II	13643 podocarpus lane	_ IZAdd
		orlando, florida 32828	□Remove
			□Change
			□Add
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record sp d is filed.	occifies a delayed et	Tective date, bu	it not an effect	tive time, at 12:	01 a.m. on the ec	arlier of: (b) Th	ic 90th day after th
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