

L21000043518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

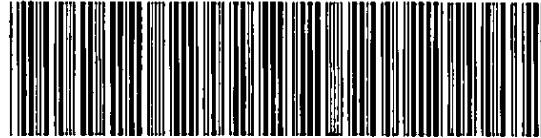
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Received
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09/23/21



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FILED
CLERK OF COURT
21 SEP 14 AM 1:07



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
23 SEP 14 PM 12:04

August 27, 2021

CHARLY WILSON
4030 N.W. 168TH TERRACE
MIAMI GARDENS, FL 33055

SUBJECT: CD HOLDINGS OF SOUTH FLORIDA L.L.C
Ref. Number: L21000043518

We have received your document for CD HOLDINGS OF SOUTH FLORIDA L.L.C and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham
OPS

Letter Number: 821A00020704

FLA
SECRETARY OF STATE
DIVISION OF CORPORATIONS
21 SEP 14 AM 1:07

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CD Holding of South Florida 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:

Charly Wilson
Name of Person

Firm/Company

4030 N.W. 168 TERRACE
Address

Miami Gardens, FL 33055
City/State and Zip Code

Cwilson164@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charly Wilson at 404 931-2123
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

FILED
21 SEP 14 AM 1:07
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CD Holding of South Florida LLC

(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 01-21-2021 and assigned Florida document number W71000005769.

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 "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 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

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Charly Wilson	4030 NW. 168 Terrace	<input type="checkbox"/> Add
		Miami Gardens, FL 33055	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Charly Wilson	4030 NW. 168 TERRACE	<input checked="" type="checkbox"/> Add
		Miami FL 33055	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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21 SEP 14 AM 1:00

FILED
SECRETARY OF STATE
ALABAMA COUNTY CLERK
21 SEP 14 AM 1:07

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Dated September 7, 2021

Signature of a member or author

Signature of a member or authorized representative of a member

Charly Wilson
Typed or printed name

Typed or printed name of signer

Filing Fee: \$25.00