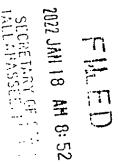
# 

(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:
J. HORNE FEB - 12 2022
1/18





12/06/21--01024--003 \*\*25.00





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2022 JAN 18 AM 8: 05

## FLORIDA DEPARTMENT OF STATE Division of Corporations

Division of Corporati

SECRETATIV OF STATE TALLAHASSEE, FL

December 17, 2021

IRINA DURANT DURRUTHY 4164 INVERRARY DR APT 802 LAUDERHILL, FL 33319 US

SUBJECT: C&D ATM SERVICES, LLC

Ref. Number: L21000091455

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

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.

Letter Number: 621A00030566

Jasmine N Horne Regulatory Specialist II

www.sunbiz.org

#### **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT: C&D ATM	1 Services 11 C	•	•
SOBJECT: Can ATT		ited 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:	
	Irina Durant Durruthy		
		Name of Person	
		Firm/Company	
	4164 Inverrary Dr, Apt 80	2 Address	
		Address	
	Lauderhill/Florida 33319	City/State and Zip Code	
	irinadurant@gmail.com E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Irina Durant Durruthy Name of Person		at ( <u>786</u> ) <u>2697206</u> Area Code Daytim	e Telephone Number
Enclosed is a check for t	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>

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

FILED

2022 JAN 18 AM 8: 52

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) SECRETARY OF STATE TALLAHASSEE, TELEP The Articles of Organization for this Limited Liability Company were filed on February 24, 2021 and assigned Florida document number <u>L21000091455</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: C&D Future Investments LLC 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

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

C&D ATM Services, LLC

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
			□Add
			□Remove
			☐ Change
			□Remove
			Change
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ffectiv	e date, if other than the date of filing: (optional)
an effec	tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nt's effective date on the Department of State's records.
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
l is file	
ated <u>I</u>	December 3rd , 2021
	The will
	Signature of a member or authorized representative of a member

THE E CARO