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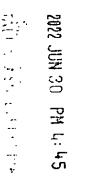
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Registration Section Division of Corporations

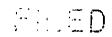
TO:

SUBJECT:	CEDI	ALDI LLC	
SUBJECT:	Name of Lim	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:	
		CESAR G ALFARO DI NATAI	Æ
		Name of Person	
		CEDIALDI LLC	
		Firm/Company	
	-	Address	
	13550 North Kendall Dr. S		
	N	City/State and Zip Code	
	Miami/Florida 33186 E-mail address: (to be used for future annual report not	itication)
For further information c	oncerning this matter, please co	•	,
CESAR G ALFARO DI NATALE		305 776-6270 at ()	
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 Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 1 2415 N. Monro	rporations

Tallahassee, FL 32303

M

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CEDIALDI LLC

2022 JUN 30 PM 4: 46

(Name of the Limited Liability Compa	any as it now appears on our records.) Liability Company)			
(A Florida Limited)	Liability Company)			
The Articles of Organization for this Limited Liability Company				
Florida document number L21000217979				
This amendment is submitted to amend the following:				
•	ditty community home.			
A. If amending name, <u>enter the new name of the limited liab</u>	inty company nere:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	13550 North Kendall Dr. Suite 220			
Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33186			
Enter new mailing address, if applicable:	13550 North Kendall Dr. Suite 220			
Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33186			
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new regis			
agent and the new registered office address sere.				
Name of New Registered Agent:	<u> </u>			
New Registered Office Address:	Enter Florida street address			
	, Florida			
	City Zip Code			

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 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	PIERRY NOVAIS SILVA	8171 CANOPY TERRACE	
		PARKLAND, FI. 33076	≣Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change
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m effective date i ote: If the date	s listed, the date mu inserted in this b tive date on the E	ist be specific ar block does not	nd cannot be pri meet the app	ior to date of fili licable statuto		90 days after fil	ing.) Pursuant to 6	
ecord specifies is filed.	a delayed effectiv	ve date, but no	n an effective	e time, at 12:0	l a.m. on the ea	arlier of: (b)	The 90th day af	ter the
ited	Jur	ne 14th	2022					
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			- 0					
		Signature of a	member or au	thorized repres	entative of a mer	ıber		