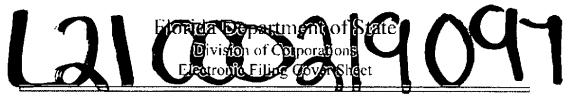
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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTADORMIAMI.COM INC

Account Number : I20200000130 Phone : (954)345-7888 Fax Number : (786)713-1940

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

Email Address:______

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J. HORNE

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From TAXLEAT COM CONTADORAMERICA.COM

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	COREDES	CA, LLC	
(Name of the Lim	ited Liability Compa (A Florida Limited)	iny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited I Florida document number L21000219097	Liability Company	were filed on <u>5/11/2021</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	olity company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1549 NE 123RD STRE	ET
Principal office address MUST BE A STREET ADDRESS)		NORTH MIAMI, FL 3	316!
		1549 NE 123RD STRE	
Enter new mailing address, if applicable:		NORTH MIAMI, FL 33	
Mailing address MAY BE A POST OFFICE	<u>BOX)</u> .		
3. If amending the registered agent and/or agent and/or the new registered office addre		address on our records,	enter the name of the new register
Name of New Registered Agent:	ACCOUNTANT & MANAGEMENT, INC.		
New Registered Office Address:	1549 NE 123RI		
		Enter Florida street	uddress
•	NORTH MIAM		Florida 33161
		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 Changing Registered Agont/Signature of New Registered Agent

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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
AP	BARRIO, YILAIMA	8299 BALGOWAN RD	
		MIAMI LAKES, FL 33016	≣Remove
			□Change
AMBR	MORALES, ERNESTO	3300 NW 112TH AVE, UNIT 11	[] Add
		DORAL, FL 33172	
			[]Change
AMBR	RODRIGUEZ, JOSE ANTONIO	1549 NE 123RD STREET	∐Add
		NORTH MIAMI, FL 33161	□Remove
			∰Change
AMBR	RODRIGUEZ GARCIA, ANTONIO	1549 NE 123RD STREET	
		NORTH MIAMI, FL 33161	□Remove
			□Change
			□Add
			□Remove
			□Change
			CIAdd
			□Remove
			l Th'Change

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ective date, if other than the da	e of filing: (o	ptional)
1 effective date is listed, the date must be te: If the date inserted in this block.	specific and cannot be prior to date of filing or more than 90 days a does not meet the applicable statutory filing requirements,	ther filing.) Pursuant to 605,020
cument's effective date on the Depar	tment of State's records.	ting date with flot be fisted a.
ecord specifies a delayed effective da	le, but not an effective time, at 12:01 a.m. on the earlier of	(b) The 90th day after the
is filed.		
NOVEMBER 8TH	2022	
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