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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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## **COVER LETTER**

Division of Corporations
SUBJECT: CARDENAS BRITO GROUP 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:
<u>JUAN I CARDENAS</u>
CARDENAS BATO GROUP
12506 SW 7th ST
DAVIE FL 33325
City/State and Zip Code  JUANICARDENTS 10886 amali Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Juan Cardenzo GEU OSE 30123
at ( Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:  Registration Section  Street Address:  Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

(Name of the Limited Link)	ability Company as it now appears on our records.)  orida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document number <u>(2)00039518</u>	
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	limited liability company here:  "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 AI	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX</u>	SECRETARY OF ST.
B. If amending the registered agent and/or regist agent and/or the new registered office address he	ered office address on our records, enter the name of the new registere
Name of New Registered Agent:	JUAN 1 CARDENAS 12506 SW 7th St
New Registered Office Address:	Enter Florida street address  DAVE Storida 33375 City Lip Code
New Registered Agent's Signature if changing Pagis	torod Agent:

<u>ustered Agent's Signature, if changing Registered Agent:</u>

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.

> Juan I. Cardenas 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	OSWALOD	11150 CAMERON CT	□Add
	FUENMAYOR	APT 306	[7/Remove
		DAVIE, FL 33374	Change
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			□ Remove
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			□Add
		<del></del>	□Remove
			□Change

	nding any other information, enter change(s) here: (Attach additional sheets, if	. ·
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(If an ef Note:	ve date, if other than the date of filing:	o <b>ptional)</b> after filing.) Pursuant to 605.0207 (3) , this date will not be listed as the
the reco cord is f	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of ed.	of: (b) The 90th day after the
Dated	JULY 14th 2023	
	TW LAWY	
	Signature of a prember or authorized representative of a member	

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