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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Eiling Officer	
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OIVISION OF CORPORATION

T. MATTHEWS

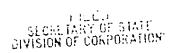
JUL 19 2022

COVER LETTER

TO: Registration Se Division of Cor				
	. C.D.C	7.O. GROUP 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:		
	DIEGO OQUENDO VAL	DERRAMA		
		Name of Person		
		Firn/Company		
	6820 W POCAHONTAS	AV		
		Address		
	TAMPA, FL 33634			
		City/State and Zip Code		
	VALDERRAMA800@HO			
	E-mail address: (to be used for future annual report not	ification)	
For further information of	oncerning this matter, please c	all:		
DIEGO OQUENDO VA	ALDERRAMA	. (
Name o	of Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		Street Address: Registration Se	ection	
Registration Section Division of Corporations		~	Registration Section Division of Corporations	
P.O. Box 632		The Centre of	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



22 MAY 16 AM 9: 06

	C.D.G.O. G		
(Name of the Limited	Liability Compa Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liab Florida document number <u>L22000171841</u>		were filed on 04/06/2022	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liab	oility company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liab	ility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	N/A	
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	Nin	
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office <u>here</u> :	address on our records, enter th	e name of the new registered
Name of New Registered Agent:	411		
New Registered Office Address:		Enter Florida street address	
		, Flor	ida Zip Code
		City	ZID COAR

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.

City

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	JAIME OQUENDO V	6820 W POCAHONTAS AV TAMPA, FL 33634	□Add
			Remove
			□Change
AMBR	CARLOS OQUENDO	6820 W POCAHONTAS AV TAMPA, FL 33634	🗐 Add
			□Remove
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Iffective date, if other than the	date of filing:		(optional)	
f an effective date is listed, the date must Note: If the date inserted in this blocument's effective date on the D	st be specific and cannot be prior ock does not meet the application.	to date of filing or more than able statutory filing requi	90 days after filing.) Pursuant to 60)5.0207 sted as
record specifies a delayed effective is filed.	e date, but not an effective ti	me, at 12:01 a.m. оп the o	earlier of: (b) The 90th day aft	er the
Dated MAY, 12	2022			
Janua	···································	<u> </u>		
	1	1		
	Signature of a member or author	orized representative of a me	mber	