(Requestor's Name)			
(Address)			
(Add	dress)		
(City	y/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Bus	siness Entity Nar	ne)	
(Document Number)			
Certified Copies	Certificates	s of Status	
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J. HORNE			
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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 08/01/22

NAME: CLOUD DYNAMIC SOLUTIONS, LLC

TYPE OF FILING: AMENDMENT

COST: 30.00

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	legistration Sec division of Corp				
eun ice	Cloud Dynamic Solutinos, LLC				
SUBJECT	ı: <u></u>	Name of Limited Liability Company			
The enclose	sed Articles of A	Amendment and fee(s) are subr	nitted for filing.		
Please reti	urn all correspoi	ndence concerning this matter t	o the following:		
		Rami A Abusouffeh			
			Name of Person		
			Firm/Company		
13131 Highland Glen Way					
		-	Address		
		Jacksonville, FL 32224			
City/State and Zip Code					
			to be used for future annual report no	dification)	
For furthe	er information o	oncerning this matter, please of	all:		
Rami A Abusouffeh		330 807-1817			
	Name o	f Person	at () Area Code Dayti	me Telephone Number	
Enclosed	is a check for the	he following amount:			
□ \$25.0	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			Street Address: Registration Section	
Registration Section Division of Corporations			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

Cloud Dynamic Solutions, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our reconted Liability Company)	rds,)
The Articles of Organization for this Limited Liability Comp	any were filed on 04/25/2022	and assigned
Florida document number 1.22000194915		-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	liability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "I.I.	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u> </u>
	 	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registered offigent and/or the new registered office address here: 	ice address on our records, <u>ente</u>	r the name of the new registe
Name of New Registered Agent:	······································	
New Registered Office Address:		
	Enter Florida street addr	£55
	, F	Torida
	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	Rami A Abusouffeh	13131 Highland Glen Way E. Jacksonville, FL 32224	l ≣Add
		, 	□ Remove
			□Change
			_ 🗆 Add
			_ □Remove
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iote: 🗆	ve date, if other than the date of filing: (optional) ctive 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 605.020° If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	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
record Lis tild	
l is tile	
is tile	ed.

Filing Fee: \$25.00

COVER LETTER

10:	Registration Sec Division of Corp			
a.up.154	Cloud Dyna	mic Solutinos, LLC		
SUBJECT: Name of Limited			ted Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are subr	niued for filing.	
Please re	eturn all correspor	ndence concerning this matter t	o the following:	
		Rami A Abusouffeh		
			Name of Person	
			Firm/Company	
		13131 Highland Glen Way	E	·
			Address	
	Jacksonville, FL 32224			
			City/State and Zip Code	
		E-mail address: (to be used for future annual rep	port notification)
For furt	her information c	oncerning this matter, please ca	all:	
Rami A	Abusouffeh		330 807- u()	
	Name o	f Person	Area Code	Daytime Telephone Number
Enclose	d is a check for th	he following amount:		
□ \$ 2:	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
Mailing Address:		Street Add		
Registration Section Division of Corporations			ion Section of Corporations	
P.O. Box 6327		The Cent	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Tallahassee, FL 32314