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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	CREDA	C GROUP, LLC	
SOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	RONALD HARTMAN		
		Name of Person	
		Firm/Company	3
	11322 MIRAMAR PKWY	, #1004	
		Address	
	MIRAMAR, FLORIDA 33	3025	
	cardec.group@gmail.com	City/State and Zip Code	
	• • • •	to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
RONALD HARTMAN		954 235-2877 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)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Forporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2027

CRED	OAC GROUP, LLC	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our re limited Liability Company)	
The Articles of Organization for this Limited Liability Co	mpany were filed on06/2	7/2022 and assigned
Florida document number L22000289193		JI: 12 JALL JORED
This amendment is submitted to amend the following:		,
A. If amending name, enter the new name of the limit	ed liability company here:	
CARDEC GROUP, LLC		
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRI	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddrass
	City	, Florida 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 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>	Name	Address	Type of Action
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			□Remove
			□ Change
			□ Add
		, ·	□Remove
			□ Change
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			☐ Change
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