

127 000298100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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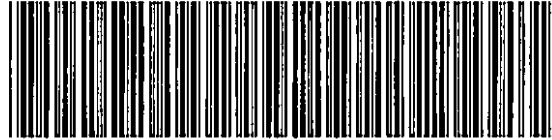
(Business Entity Name)

(Document Number)

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2022 JUL 20 PM 2:49

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JUL 20 2022

A. BUTLER

OCT 13 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CARDOZO PROPERTY 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:

KELLY L CARDOZO

Name of Person

CARDOZO PROPERTY GROUP, LLC

Firm/Company

632 E RED HOUSE BRANCH RD

Address

ST AUGUSTINE, FL 32084

City/State and Zip Code

kc@kellycardozo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KELLY CARDOZO

702 858-2801

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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
OF**

CARDOZO PROPERTY GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

FILED

2022 JUL 20 PM 2:49

RECORDED and assigned
FILED IN STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 07/05/2022

Florida document number L22000298100

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "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 ADDRESS)

320 HIGH TIDE DR SUITE 101

ST AUGUSTINE, FL 32080

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

320 HIGH TIDE DR SUITE 101

Enter Florida street address

ST AUGUSTINE

City

, Florida 32080

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JULY 12TH

2022

Signature of a member or authorized representative of a member

KELLY L CARDOZO

Typed or printed name of signee

Filing Fee: \$25.00